



Outgoing Wire Transfer Request

MEMBER NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____
SOCIAL SECURITY NUMBER: _____
AMOUNT TO TRANSFER: \$ _____

FOR CR UN USE

RFCU ACCT #

AVAIL BAL.

RECEIVING FINANCIAL INSTITUTION: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
ROUTING/TRANSIT NUMBER (ABA#): _____

RESPONDENT BANK / BENEFICIARY BANK INFORMATION: (IF NEEDED)

BANK NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
ACCT #: _____

BENEFICIARY INFORMATION (WHO FUNDS ARE BEING SENT TO)

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
ACCOUNT #: _____
PURPOSE OF PAYMENT: _____

WIRE OVER \$10,000.00 NEEDS A CALL BACK

CALL BACK MADE BY:

I/WE UNDERSTAND THAT MY ACCOUNT WILL BE CHARGED A **\$20.00** DOMESTIC WIRE FEE

SIGNATURE _____ DATE: _____

FOR CREDIT UNION OFFICE USE ONLY –ID VERIFICATION

__DL OR BADGE __SIGNATURE CARD __KNOW CUSTOMER

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