

B-M S FCU DOMESTIC WIRE TRANSFER FORM

FEE \$20.00

MEMBER'S NAME: _____

ADDRESS: (No P.O. Box Address) _____

ACCOUNT NUMBER: _____ **FROM SUFFIX #:** _____

PHONE NUMBER: _____

AMOUNT OF TRANSFER: _____ **B-M S FCU REP:** _____

\$ _____ **US DOLLARS ONLY** _____ **IN PERSON**
_____ **EMAIL OR FAX (COPY OF D/L OR ID)**

VERBAL CONFIRMATION FROM MEMBER: _____

RECEIVING INSTITUTION: _____

ADDRESS: _____

ABA OR ROUTING NUMBER: _____ **BANK PHONE#:** _____

FURTHER CREDIT TO: _____
(SECONDARY INSTITUTION)
ADDRESS: (No P.O. Box Address) _____

BANK CODE, ACCOUNT NUMBER OR SWIFT CODE:

FINAL CREDIT TO: _____
ADDRESS: (No P.O. Box Address) _____

NOTES OR REFERENCE: _____

ACCOUNT #: _____ **PHONE #:** _____

DATE OF TRANSFER: _____ **PROCESSED BY:** _____

VERIFIED BY: _____

MEMBER'S AUTHORIZING SIGNATURE _____