



Wire Transfer Request

350 Capitol Street, Room 156, Charleston, WV 25301
Phone: (304) 558-9188 Fax: (304) 558-1183
Web: www.wvunited.org Email: mail@wvunited.org

Member Name: _____ Account #: _____

Wire Details

Payee: _____ Transfer Date: _____

Payee's Account #: _____ Amount: \$ _____

Payee's Financial Institution: _____ Routing #: _____

City: _____ State: _____ Country (if not US): _____

Routing Instructions: _____

Special Instructions: _____

Date/Time Received: _____ Processed By: _____

You may identify the payee or any financial institution by name and by account number (or ABA routing number). The credit union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. I authorize the credit union to transfer funds as described herein and debit my account in the amount transferred, plus applicable charges.

X _____ X _____
Signature Date Signature Date