



GEORGIA'S OWN CREDIT UNION

OUTGOING WIRE TRANSFER REQUEST

Amount:

Wire Fee:

Account/GL to Debit:

Intl Wire Only - USD FX

\$20.00 Domestic \$50.00 International

Requestor Information:

Name: _____

Address: _____

Contact Numbers: Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Receiving Institution Information:

Institution Name: _____ Phone Number: _____

Address: _____

Institution Number: _____ (ABA, SWIFT Code, IBN, BIC, etc.)

Further Credit Information:

Institution Name: _____ Phone Number: _____

Address: _____

Institution Number: _____ (ABA, SWIFT Code, IBN, BIC, etc.)

Other Information: _____

Final Credit Information:

Beneficiary Name: _____ Account Number _____

Address: _____ Country: _____

Special Instructions: _____

Purpose of Payment: _____

I authorize Georgia's Own Credit Union to transfer funds from my account or jointly held account as set forth in the instructions noted herein (including debiting my account) and agree that such transfer of funds is subject to fees as listed on Georgia's Own Credit Union's fee schedule. I agree to hold Georgia's Own Credit Union harmless if funds transferred as a result of this agreement are misapplied or returned by the receiving Financial Institution. I also agree to hold Georgia's Own Credit Union harmless if the funds are not received and credited or are credited incorrectly due to information I have given Georgia's Own Credit Union. I also understand that the funds transfer may be subject to fees by the Receiving Depository Institution and if I dispute these fees, will direct all inquiries to that institution.

By signing below, I agree to the above statements along with the additional terms, conditions and disclosures listed in the Membership and Account Agreement incorporated herein by reference.

Requestor Name (Please Print) Requestor Signature Date

Internal Corporate Wires

Employee Name (Please Print) and Signature Authorized Signer Name (Please Print) and Signature Date

Credit Union Use Only

Taken By:	Date:	<input type="checkbox"/> Branch Branch Name:
Posted By:	Date:	<input type="checkbox"/> Call Center <input type="checkbox"/> Mortgage Other
OFAC By:	Date:	Funds Verified By:
Entered By:	Date:	Wire Verification #:
Verified By:	Date:	Comments:

In Person Verification of ID

Type presented: I.D. #: Expiration: Verified by: