



### Wire Transfer Request

**PLEASE NOTE: All wire transfer requests must be received by 3:00 p.m. EST to be processed the same business day.**

Date

Consumer Account

**Member Information:**

Name

Business Account

Address

Account Number

City  State  Zip Code

Share ID

Phone Number

**Transfer Information:**

Transfer Amount \$  Wire Charge

Beneficiary Account Number

Beneficiary Financial Institution

Financial Institution Address

Routing and Transit Number

Additional Wire Instructions

**PLEASE NOTE:** A complete beneficiary address is required. P. O. Boxes cannot be accepted.

**Beneficiary Information:**

Name

Address

City  State  Zip Code

Country

**For Internal Use Only:**

Date & PA Name

Verified By

Processed By  OFAC

**Return this form to a Community Choice branch employee or fax to 248-785-5107.**

Community Choice Credit Union relies on the account and/or other identifying numbers as proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, then it is governed by Regulation J. You authorized Community Choice Credit Union to transfer funds as described herein and debit your account for the amount transferred, plus applicable charges.

Member Signature \_\_\_\_\_

Date \_\_\_\_\_