



Wire Transfer Authorization Form

Use this form to make a domestic or international wire transfer. Please complete this form properly and fax it to 202-673-3508 or email at info@dccreditunion.coop

MEMBER INFORMATION

Member Name: _____

Member Address: _____

Member Phone Number: _____ email: _____

DC Credit Union Account Number: _____

TRANSACTION INFORMATION

Amount of Wire (\$): _____ Domestic _____ International: _____

Intermediary Bank: _____ ABA Routing Number: _____

Intermediary Bank Address: _____

Bank to receive funds: _____

Bank Address: _____

Bank ABA Routing Number (swift code if international): _____

Name of Individual to receive funds: _____

Account Number: _____

Address (not P.O. Box): _____

Phone Number: _____ email: _____

I understand that a Wire Transfer Fee of \$20 for domestic transfers (or \$45 for international transfers) applies and will be charged to my account. I understand that DC Credit Union cannot be held accountable for the delay in this wire transfer transaction.

Member Signature: _____ **Date:** _____

DC Credit Union Sending: _____ Teller Time Sent: _____

Mid-Atlantic Operator: _____ Verification Number: _____

DC Credit Union Confirming Teller: _____ Time Confirmed: _____