

## WIRE TRANSFER REQUEST

Cochise Credit Union P.O. Box 1154 Willcox, AZ 85644 520-384-2822 800-428-2822 Fax: 520-384-0571

\*\*COPY OF GOVERNMENT ISSUED IDENTIFICATION REQUIRED WITH RETURNED

COMPLETED FORM.\*\*

DATE AND TIME	WIRE TRANSFER	R AMOUNT W	<u>\$20</u> TRING FEE <b>FUND</b> S	S WITHDRAWN BY
TO: (RECEIVING	<u>G FINANCIAL IN</u>	STITUTION	INFORMATION	D
FINANCIAL INSTITUTION NAME:			ROUTING NUMBER:	
ADDRESS		CITY	STATE	ZIP CODE
ORIGINATOR(N	Iember sending fun	<u>ds)</u>		
FIRST NAME	IE MIDDLE NAME		LAST NAME	
MEMBER'S ACCOUNT NUMBER			MEMBER'S PHONE NUMBER	
PHYSICAL ADDRESS	(NO PO BOXES)	CITY	STATE	ZIP CODE
FIRST NAME/ENTITY NAME  ACCOUNT NUMBER		MIDDLE NAME PHONE NUMBER		
PHYSICAL ADDRESS	(NO PO BOXES)	CITY	STATE	ZIP CODE
PURPOSE OF WIRE	<u> </u>			
FURTHER CREDIT TO: NAME/ENTITY		ACCOUNT NUMBER		
SPECIAL INSTRUCT	FIONS			
****	*ORIGINATOR S	IGNATURE(	MEMBER'S) ****	***
U USE ONLY				
erified Funds Withdrawal:		Beneficiary OFAC Checked by:		
1.5		D + 0 TF		
red By:		Date & Time	Sequence #:	