



4265 Wilder Rd. Bay City 48706
1479 Straits Dr. Bay City 48706
3262 Cabaret Trail S. Saginaw 48603
800-292-2897 / 989-684-1873

OUTGOING WIRE TRANSFER REQUEST

a Originator / Member Name _____

b Member Address / City / State / Zip _____

c Member Number: _____ Suffix: _____

d Amount \$ _____ Plus Wire Fee \$20.00 = Total \$ _____

Information of Account to Receive Credit

e Receiving Financial Institution Name: _____

f Receiving Financial Institution Routing Number: _____

g Receiving Financial Institution Phone Number: _____

h Receiving Financial Institution Address: _____

i Receiving Financial Institution City, State, Zip Code: _____

j Beneficiary FI: (if any) _____

k Beneficiary Address: _____

l Beneficiary FI ABA: _____

n Beneficiary / Account Name: _____

o Account Address / City / State: _____

p Account Number: _____

q Special Instruction: (if any) _____

You may identify the payee or any financial institution by name and by account number (or ABA routing number). COPOCO Community 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. You authorize COPOCO Community Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. You understand that COPOCO Community Credit Union is not liable if the routing number and/or account number is incorrect.

_____ Phone # _____
Member Signature

Date/Time Received: _____ Taken By: _____