

EDUCATION AFFILIATES FCU  
25 WEST 43 STREET – Room 311  
NEW YORK, NY 10036

Phone: 212 302-1954  
Fax: 212 302-1958  
www.eafcu.org

OUTGOING WIRE REQUEST

Date \_\_\_\_\_

Account Name: \_\_\_\_\_

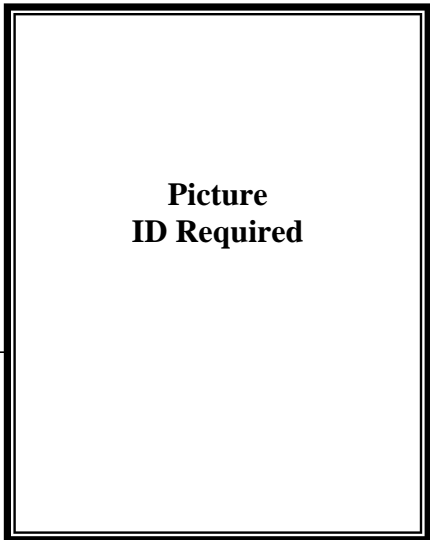
Home Address: \_\_\_\_\_

Acct# to Debit: \_\_\_\_\_

Fee Charged Account: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Identification: \_\_\_\_\_



WIRE INSTRUCTIONS

**Amount:** \_\_\_\_\_

Institution Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Bank ABA#: \_\_\_\_\_

*Intermediary Bank:* \_\_\_\_\_  
*(if applicable)*

*Account #:* \_\_\_\_\_  
*(if applicable)*

Final Credit to: \_\_\_\_\_

Account#: \_\_\_\_\_

**Address:** \_\_\_\_\_

Purpose of wire: \_\_\_\_\_

**Member's Signature:** \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Date withdrawn: \_\_\_\_\_

Verified by:

Date wired: \_\_\_\_\_

Control Number: \_\_\_\_\_

Verified by: