



1800 West Market Street
 Pottsville PA 17901
 Phone 570-628-2400
 Fax 570-628-4088

WIRE TRANSFER REQUEST

DATE : _____

MEMBER NUMBER : _____

MEMBER NAME : _____

MEMBER ADDRESS : _____

PURPOSE OF WIRE : _____

FROM SHARE : \$ _____

WIRE AMOUNT : \$ _____

WIRE FEE (DOMESTIC) : \$ 15.00

(INTERNATIONAL) : \$ 30.00

WIRE FROM : VIZO FINANCIAL

WIRE TO:

INSTITUTION : _____

LOCATION : _____

(CITY AND STATE)

ROUTING NUMBER : _____

FURTHER CREDIT : _____

ACCOUNT NUMBER : _____

FINAL CREDIT : _____

ACCOUNT NUMBER: _____

ADDRESS : _____

REFERENCE : _____

MEMBER'S SIGNATURE : _____

(Form must be signed and signature must be verified with account card. Form may be faxed.)

-----CREDIT UNION USE ONLY-----

- 1. Signature verified by: _____
- 2. OFAC checked by: _____
- 3. Hold placed by: _____
- 4. Wire request by: _____
- 5. OFAC/Pledge verified by: _____
- 6. Wire verified by: _____
- 7. Transaction posted by: _____
- 8. Hold removed by: _____
- 9. Transaction verified by: _____