



1800 West Market Street
Pottsville PA 17901
Phone 570-628-2400
Fax 570-628-0488

WIRE TRANSFER REQUEST

DATE : _____
MEMBER NUMBER : _____
MEMBER NAME : _____
MEMBER ADDRESS : _____
PURPOSE OF WIRE : _____

FROM SHARE WIRE : \$ _____
AMOUNT : \$ _____
WIRE FEE (DOMESTIC) : \$ 20.00
(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 : _____

If your payment order identifies an intermediate financial institution, beneficiary financial institution, or beneficiary by name and number, we and every receiving or beneficiary financial institution may rely upon the identifying number rather than the name to make payment, even if the number identifies an intermediate financial institution, person, or account different than the financial institution or beneficiary identified by name. Neither we nor any receiving or beneficiary financial institution have any responsibility to determine whether the name and identifying number refer to the same financial institution or person.

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. Approved & Released by: _____
10. Transaction verified & scanned by by: _____