



COMMUNITY CREDIT UNION

DOMESTIC WIRE REQUEST WEBFORM

(IN PERSON/OVER PHONE)

Receiving Institution Name: _____

ABA (Routing #) Of Receiving Institution: _____

Receiving Institution Address: _____

City/State/Country: _____

Name on Account to Credit: _____

Account # to Credit: _____

Address of Receiving Person: _____

City/State/Country: _____

Credit Savings or Checking at Receiving Institution: _____

Further Credit To: _____

Miscellaneous Information: _____

Amount to send: \$ _____ Fee Charged: \$ _____

Date: _____ Time: _____ Teller Number: _____

Member Requesting Wire: _____

Member Account to Withdraw funds from: _____

Withdraw from Savings

Withdraw from Checking

Member Signature (if in person): _____