

NON-REPETITIVE WIRE TRANSFERS

GFA Federal Credit Union

Oate:	Amount:	
Receiving Bank:		
Routing & Transit #:		
Address:		
City:	State:	
For Benefit Of:		
Account #:		
Special Instructions:		
	Disclaimer	
acknowledge the accuracy of the above information a	and instruct GEA Federal Credit I	Inion to effect this wire transf
as given. I understand that payments made to the bene		
	·	· -
f the number identifies a person different than the na	•	
ntermediary or beneficiary bank by an identifying nur	· · ·	
dentification even if it identifies a different entity than		the funds are misdirected due
an error in the information I have given, I shall hold GFA	A Federal Credit Union harmless.	
Manufact Names		
Member Name:		
Address:		
City:		
Telephone #:		
•		
,		
(
lember Signature		
FOR INT	ERNAL USE ONLY	
Date:	OFAC:	
Time:		
Employee Name:		
Purpose:	Member ID:	
•		
Annroved By:		
Approved By:		
Branch:	Date:	