



NON-REPETITIVE WIRE TRANSFERS

GFA Federal Credit Union

Date: Click here to enter a date.

Amount: Click here to enter text.

Receiving Bank: Click here to enter text.

Routing & Transit #: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

For Benefit Of: Click here to enter text.

Account #: Click here to enter text.

Special Instructions: Click here to enter text.

Disclaimer

I acknowledge the accuracy of the above information and instruct GFA Federal Credit Union to effect this wire transfer as given. I understand that payments made to the beneficiary might be made on the basis of an identifying number even if the number identifies a person different than the named beneficiary. I understand that this order, which identifies an intermediary or beneficiary bank by an identifying number, that the receiving bank may rely on the number as proper identification even if it identifies a different entity than the named bank. In the event the funds are misdirected due to an error in the information I have given, I shall hold GFA Federal Credit Union harmless.

Member Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Telephone #: Click here to enter text.

X _____

Member Signature

FOR INTERNAL USE ONLY

Date: Click here to enter a date.

Time: Click here to enter text.

Employee Name: Click here to enter text.

Purpose: Click here to enter text.

OFAC: Click here to enter text.

Debit Account #: Click here to enter text.

Fee: Click here to enter text.

Member ID: Click here to enter text.

Approved By: _____

Branch: Click here to enter text.

Date: Click here to enter text.