

MEDISYS EMPLOYEES' FEDERAL CREDIT UNION
DOMESTIC Wire Transfer Request
(for wiring funds FROM your account to another institution)

****ALL INFORMATION IS REQUIRED – PLEASE VERIFY RECIPIENT'S INFORMATION BEFORE SUBMITTING THIS WIRE REQUEST. INCOMPLETE OR INCORRECT INFORMATION MAY CAUSE WIRES TO BE RETURNED!! PLEASE NOTE: STANDARD FEES APPLY IF A SECOND WIRE NEEDS TO BE SENT DUE TO INCORRECT INFORMATION SUBMITTED!! ****

SENDER'S INFORMATION:

Member's Name (print) Account # from Shares or Share Draft?

Amount to be wired Member's Signature Today's Date

Call Back Telephone Number (REQUIRED*):

***This must be a telephone number that is on file with us already where we can reach you during our normal business hours. A callback verification is required in order to process this wire transfer request. Inability to complete the callback may delay the wire transfer request or cause it to be cancelled.**

SENDING TO A DOMESTIC FINANCIAL INSTITUTION:

Financial Institution Name

Financial Institution Address

Routing & Transit Number

FOR CREDIT TO (RECIPIENT'S INFORMATION):

Recipient's Name on Account Address on Account

Account # Account Type (savings/checking)

Purpose of wire transfer (Required)

I understand that there is a \$20 fee for domestic wire transfers.
(please initial)