

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 \$25 fee for domestic wire transfers.
(please initial)