



5550 W. Touhy Ave, Suite 102
Skokie, IL. 60077
P: 847-676-8000 F: 847-676-0027

Domestic Wire Transfer Request

DATE: _____ MEMBER'S ACCOUNT #: _____

MEMBER'S NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE #: _____

WIRE AMOUNT: \$ _____

RECEIVING INSTITUTION: _____

ROUTING/ABA #: _____

CITY & STATE: _____

Beneficiary FI/Further Credit (if applicable): _____

Account #: _____

City & State: _____

BENEFICIARY/FINAL CREDIT: _____

ACCOUNT #: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

Special Instructions: _____

I hereby authorize First Financial C.U. to transfer said funds as described herein and debit my FFCU account in the amount transferred, plus applicable charges.

X _____ DATE: _____

ACCOUNT OWNER OR check here if signed authorization is attached.

X _____

PREPARED BY (CU EMPLOYEE)

X _____

SENT BY (CU MANAGER)