



Domestic Wire Transfer

All fields with * are required.
Form may be faxed to 703-925-5113.

Originator – Member Information

Member's Name:*	_____	Account Number & Type:*	_____
Address:*	_____		
City, State, Zip:*	_____		
Telephone Number:*	_____	Email Address:	_____
Amount of Wire ¹ :*	_____		
Fee ¹ :	_____		
Total Charge to Account ¹ :	_____		

¹NWFCU wire transfers carry a \$15.00 (per wire) fee free for Premier Checking account holders) to be collected from your account in conjunction with the transaction. NWFCU is not responsible for a misdirected transfer of funds that occurs as a result of erroneous information provided by you at the time of the transfer.

Receiving Bank Information

Receiving Institution ABA:*	_____	Institution Name:*	_____
Recipient Name:*	_____	Recipient Account Number:*	_____
Recipient Address:	_____		
Recipient City, State, Zip:	_____		
Special Instructions:	_____		

Correspondent Bank (if needed)

(Correspondent Bank is the bank funds go to first if Recipient's Bank doesn't receive wires directly)

Correspondent Bank Name:	_____	Correspondent Bank ABA:	_____
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Member Signature:*	_____	Date:*	_____
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Credit Union Use Only

CU Representative:	_____	Date/Time of Request:	_____
Reference Number:	_____	Sent at:	_____