



Puget Sound



Cooperative



Credit Union

OUTGOING WIRE REQUEST FORM

Wire being sent to:

Bank Name: _____

Bank Address: _____

Routing Number: _____

Or Swift number for international wires (required): _____

Recipient: _____

Address: _____

Type of Acct: _____ Amount of wire \$ _____

Account # _____

Additional information: _____

If escrow, escrow or reference # _____

Purpose of wire: _____

Wire Initiated by:

Member name: _____ Address: _____

Account # _____ Type of account: _____

Minimum wire: \$1,000.00 | **Wire fee:** \$25.00 for Domestic | \$35.00 for International

Cut-off time to send a wire: 12:00 p.m.

This form needs to be completed in its entirety. This form must be signed and dated to send the wire. We will accept a faxed copy of this form. We may require additional verification upon receipt of this form. Please Note: You will be responsible for any fees incurred from a returned wire or the difference in foreign conversion.

Sender's Signature _____ Date: _____

Sender's Name (printed) _____

FOR CREDIT UNION USE ONLY: Verified By _____ In Branch Signature & Call Back