



BANK TO BANK WIRE REQUEST FORM

Member Andrews Federal Account Number:

Primary Joint/POA Custodian/Trustee/Guardian

Member Name/Name of Caller:

Member Address:

Withdraw Funds From: Share Checking Money Market Other

Reg D: YES NO Account Closed: YES NO

Member Phone Number: E-Mail:

ID Type: ID No. ID Exp.

Receiving Bank Information

Amount: \$ + \$25 fee (Fee waived for Gold/Platinum Members and employees*)

Receiving Bank ABA # (Routing Number):

Receiving Bank Name:

Receiving Bank City/State:

Receiving Bank Telephone Numbers (If Known):

Further Credit To (if applicable)

Receiving Bank ABA # (Routing Number):

Receiving Bank Name:

Receiving Bank City/State:

Receiving Bank Telephone Numbers (If Known):

Final Credit / Receiving Party's Information

Name of Person Receiving Credit:

Required if wired amount is \$3,000 or more:

Receiving Account Number:

Account Type: Checking Savings Loan Other

Special Instructions/Comments:

Foreign Address Of Receiving Person (if Receiving Bank is in Foreign Country):

Amount: \$ ~~\$\$\$~~ \$35 fee (Fee waived for Gold/Platinum Members and employees*)

Receiving Person Street Address:

Receiving Person City Code/Town:

Receiving Person Province, Postal Code:

Receiving Person Country:

Member Signature: _____

Andrews Federal Staff Use Only

Wire Submitted By: Time/Date:

Wire Approved By (Supervisor): Time/Date:

Wire Department Use Only

Entered By: Control #:

Verified By: Time/Date:

Please email completed and signed form with identification to DepositSupportServices@andrewsfcu.org