

Transaction Control Number

Wire Transfer

Version 06202018

Member Number/ Share Type	Transfer Amount
Sender Information	
Sender Name	
Sender Address	
City/ State/ Zip	
Reason for wire (Required)	Daytime Phone Number
Receiver/ Payee Information	
Receiver/ Payee Name	
Receiver/ Payee Address	
City/ State/ Zip	
Receiver Identifier (ie: SSN, TIN, DL#)	Receiver Account Number
Receiving Financial Institution Int	formation
Financial Institution Name	omalion
Financial Institution Address	
City/ State/ Zip	
Branch/ Location Information	ABA Rounting Number
Forwarding Financial Institution Information (IF APPLICABLE)	
Further Credit to Institution Name	
Financial Institution Address	
City/ State/ Zip	
Branch/ Location Information	ABA Rounting Number
You may identify the payee or any financial institution by name and by account number (or ABA ro on the member or other identifying numbers as the proper identification, even if it identifies a differ	
Federal Reserve, the transaction is governed by Regulation J. You authorize the Credit Union to tra amount transferred, plus applicable charges. I have received and agree to the wire transfer agree	insfer funds as described herein and debit your account in the
received at account opening.	
Member Signature	Date
OFAC Complete Wire Verified by	
Date and Time of Request	YOUR SAVINGS INSURED TO \$250,000 PER ACCOUNT
Transfer Fee Amount KEMBA Representive	AMERICAN SHARE INSURANCE By members' choice, this institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money.