

Wire Transfer

MEMBER NUMBER AND SHARE TYPE			TRANSFER AMOUN	Т
Sender Information		'		
SENDER NAME				
SENDER ADDRESS				
CITY	STATE		ZIP CODE	
REASON FOR WIRE(REQUIRED)			DAYTIME PHONE N	NUMBER
Receiver/Payee Information				
RECEIVER/ PAYEE NAME				
RECEIVER/ PAYEE ADDRESS				
CITY	9	STATE		ZIP CODE
RECEIVER IDENTIFIER (ie: SSN, TIN, DL#)			RECEIVER ACCOU	nt number
Receiving Financial Institution Information				
INSTITUTION NAME				
INSTITUTION ADDRESS				
CITY		STATE		ZIP CODE
BRANCH/ LOCATION INFORMATION			ABA ROUTING NUI	MBER
Forwarding Financial Institution Information (If Applic	cable)			
FURTHER CREDIT TO INSTITUTION NAME				
INSTITUTION ADDRESS				
CITY	9	STATE		ZIP CODE
BRANCH/ LOCATION INFORMATION			ABA ROUTING NUI	MBER
You may identify the payee or any financial institution by name and by accour member or other identifying numbers as the proper identification, even if it id				
transaction is governed by Regulation J. You authorize the Credit Union to to	ransfer funds	as described her	ein and debit your	account in the amount transferred, plus applicable
charges. I have received and agree to the wire transfer agreement contained	in the Agreen	nents and Disclo	sures that I receiv	ed at account opening.
MEMBER SIGNATURE				DATE
OFAC Complete Wire Verified by				
Date and Time of Request				
Transfer Fee Amount				3/
KEMBA Representive				7/
Transaction Control Number				



