

Plus Wire ☐\$15 Domestic

Wire Amount:	\$			□\$60 International
Receiving Institution Name:			ABA/SWIFT:	
	(Originator		
Name:			Acct #:	
Street Address (No PO Box):				
City, State, ZIP:				
Wire Purpose:			Initials:	
Beneficiary				
Name:		Acct #:		
Street Address (No PO Box):				
City, State, ZIP:				
Reference/Instructions:				
Acknowledgment You authorize Freedom Cr amount transferred and for to the terms of the Wire T require clearing through the Freedom Credit Union will numbers are not accurate, Signature:	or applicable charges per ransfer Agreement sign ne Federal Reserve, the rely upon the identifyi	ertaining to the wire to the wire to the description will be some some transaction will be some any member of the contraction will be some or the contraction	ransaction. This tra Shoulubject to Federal Res accurate identificationsible for incorrec	ensaction is subject ld the wire transfer egulation "J". ation. If these
WTA ON FILE	ID#	WITHDRAWAL	SEQUENCE #	REQ METHOD
CU USE ONLY: SEND TIME	SENT BY	VER TIME	VER BY	CAN#