



****ALL OUTGOING WIRES WILL BE CHARGED A TRANSFER FEE IN THE AMOUNT OF \$20.00****

OUTGOING WIRE REQUEST

DATE _____ ACCOUNT NUMBER _____

NAME _____

ADDRESS _____

CITY, STATE AND ZIP _____

EMAIL & PHONE# _____

AMOUNT TO SEND _____

RECEIVING BANK INFORMATION

ROUTING NUMBER _____

NAME OF RECEIVING BANK _____

ADDRESS _____

CITY, STATE AND ZIP _____

PHONE _____

TO FURTHER CREDIT, IF REQUIRED BY THE RECEIVING BANK

NAME OF BANK OR CREDIT UNION _____

ROUTING NUMBER _____

FINAL CREDIT TO, PARTY RECEIVING THE FUNDS

NAME _____

ADDRESS _____

CITY, STATE AND ZIP _____

ACCOUNT NUMBER _____

I authorize this wire transfer and agree to hold U-Haul Federal Credit Union harmless.

Signature of member requesting wire _____ Date _____

CREDIT UNION USE ONLY

OFAC passed _____

Initials of staff member sending wire _____

Sequence Number _____

Initials of staff member verifying wire _____

Time wire was verified _____

1310 - FEES \$ _____

7450- CATALYST \$ _____

Logged in Wire Tracking
Completed by: _____