



## DOMESTIC WIRE TRANSFER FORM

### Member Information

Member Number\*

First Name\*

Last Name\*

Business Name

Street Address (No PO Box)\*

City\*

State\*

Zip\*

Best Phone Number

Email

\*Required Information

### Transfer Amount

Amount (US Dollars only):

Fee: \$19.00 (All Domestic Transfers)

### Intermediate Bank Information

Intermediate Bank Name

ABA/ Routing number (9 - digit Number)\*

Street Address (No PO Box)\*

City\*

State\*

Zip\*

### Beneficiary Bank Information

Account Number\*

ABA/ Routing number (9 - digit Number)\*

Beneficiary Bank Name \*

Street Address (No PO Box)\*

City\*

State\*

Zip\*

### Beneficiary Information

Beneficiary Name\*

Street Address (No P.O. Box)\*

City\*

State\*

Zip\*

Signature\*

Date\*

Employee Information

Employee

OFAC Check (Date/Initials)

Verification (Date/Initials)

Confirmation Number

**Blaine**  
10210 Baltimore Street NE  
Blaine, MN 55449

**Columbia Heights**  
843 40th Avenue NE  
Columbia Heights, MN 55421

**Coon Rapids**  
11465 Robinson Drive NW  
Coon Rapids, MN 55433

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