



Receipt of Wire Request Cut-Off Time:
1:00 p.m. A.S.T.
Fax # (907) 459-5996

WIRE TRANSFER FORM

Receiving Financial Institution ABA routing #

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Receiving Financial Institution Name _____
 \$ _____ + _____ fee
 Wire Amount

Telegraphic _____
 Reference # _____
Wire Department Use Only

\$25.00 domestic
 \$85.00 foreign
 \$10.00 incoming

SOAFCU Account Number _____ Savings Checking

Your Name _____

Wire Recipient _____

Recipient's Physical Address _____
 (Required by 2002 Patriot Act) Street City State Zip

Recipient Account # _____

For Further Credit to _____
 (Optional)

Purpose of Wire _____

I hereby authorize Spirit of Alaska Federal Credit Union to transfer funds by wire as shown above. I understand that my account shown will be debited for the amount of the wire and any applicable fees. I agree to hold Spirit of Alaska Federal Credit Union harmless if the funds are not received and credited due to incorrect information.

Member Signature _____ Date _____

Photo ID type and # _____

Primary Phone # _____ Physical Address _____

Optional Phone # _____

SOAFCU Branch Use Only

MSR REQUIRED

Emp initials
 ___ Signature Verified
 ___ Address & phone number on data system

SOAFCU Wire Department Use Only

OPS REQUIRED

___ Codeword Verified (recurring or phone verification)
 ___ Over \$5,000 / 2nd emp call mbr to verify _____ phone #
 Telephone request taken by _____ Time _____ Date _____
 ___ Guaranteed funds in member account ___ Member funds withdrawn
 ___ Fedline entry ___ Fedline verify
 ___ Fedline update

Processed Date _____ **Time** _____