Wire Transfer Request Form

Member Name: _____

Member Number: _____

Member Phone: _____

Bank Information

Name of Bank or Financial Institution: _____ _____ _____

Bank or Financial Institution Address: _____

Bank Wire Transfer Routing Number: _____

Bank Phone Number: _____

Amount of Wire Transfer: _____

Name of Person to Credit: _____

Address: _____

Account Number to Credit: _____

Final Credit to: _____

Account Number to Credit: _____

Wire Transfer fee within the US - $30.00

Wire Transfer fee outside the US - $55.00

Return completed copy to PHI Federal Credit Union by faxing to (337) 232-0026

Member's Signature _____