

## **OUTGOING DOMESTIC WIRE TRANSFER REQUEST**

4\	Domostic Wins O	winingtion instructions.				
1)		rigination Instructions:				
		\$ From Account:				
	Name:	Name: Purpose of Wire:				
	Address:					
	Contact #s:	Mobile:	Home:	Work:		
:	3) Would you like	e to receive an email wh	neficiary frequently? - YES en this and other wires are complifile to the email address on file for the account		YES NO	
4)	Receiving Finance	Receiving Financial Institution: (Or correspondent FI if wire transmits through two FIs with valid ABA routing numbers)				
	FI Name:		FI Numl	ber:	(ABA Routing)	
	Address:					
5)	Beneficiary FI Information, when applicable: (Only if a correspondent FI is used in section 4 above)					
	FI Name:		FI Numl	ber:	(ABA Routing)	
_						
6) Beneficiary Information: (Person or business name on account where funds are being deposited)						
E	Beneficiary Name:		Accor	unt:		
	Address:					
7)		iary Reference: (Keywor				
Limit to 16 Characters:						
+ This OPTIONAL line may include a unique keyword (16 characters or less) to identify your wire. Examples may include: Invoice, Fall Tuition, Rent, Hospital Bills, Etc.						
8) Optional Originator to Beneficiary Instructions: (Special instructions or communication to the beneficiary ++)						
++ This OPTIONAL line may include special instructions given by the beneficiary to identify your wire so that your account is properly updated.  Examples may include your utility bill account number, your closing mortgage file number, your property address, a reference number to your personal loan for payoffs, etc.						
By signing below, I agree to the following statements along with the additional terms, conditions and disclosures listed in the Membership and Account Agreement incorporated herein by reference. I authorize Georgia's Own Credit Union to transfer funds from my account or jointly held account as set forth in the instructions noted herein (including debiting my account) and agree that such transfer of funds and/or the return of unapplied wire funds are <b>subject to fees as listed on Georgia's Own Credit Union's fee schedule</b> . I agree to hold Georgia's Own Credit Union harmless if funds transferred as a result of this agreement are misapplied or returned by the receiving Financial Institution. I also agree to hold Georgia's Own Credit Union harmless if the funds are not received and credited or are credited incorrectly due to information I have given Georgia's Own Credit Union. I also understand that the funds transfer may be subject to fees by the Receiving Depository Institution and if I dispute these fees, will direct all inquiries to that institution.						
	I agree this Outgoing Domestic Wire Transfer Request Form was wet signed and will be faxed, scanned, or otherwise provided to the Credit Union as required. I understand that documents that are digitally signed or signatures that are copied and pasted to documents are not acceptable.					
Signature: Date:						
For your security and protection, processing of wires may require a call back verification from Georgia's Own Credit Union to the phone number on file for the account facilitating the wire request. Failure or inability to complete the call back verification step may result in the delay or termination of your wire request.  Momber initials of acknowledgement of call back verification requirement.						
	Member initials of acknowledgement of call back verification requirement					

P.O. Box 105205, Atlanta GA 30348

phone: 404.874.1166 - 800.533.2062