

OUTGOING CCFCU WIRE TRANSFER

Date: _____ Time: _____

Amount: _____

Bank name: _____

Bank address: _____

City: _____

Country: _____

ABA#: _____

Account Number: _____

Beneficiary Name: _____

Beneficiary Address: _____

FEE AMOUNT: Domestic: \$20.00 / Foreign: \$50.00

**PLEASE WITHDRAW THE FEE FROM MY CHECKING/SAVINGS ACCOUNT
(Circle one)**

Signature: _____ Account#: _____

Phone where you can be reached: _____

CREDIT UNION USE ONLY:

Account debited by: _____ Date: _____ Time: _____

Keyed by: _____ Ref#: _____

OFAC _____

PLEASE FAX BACK COMPLETED FORM TO 214-361-3899