

**SOUTH COAST ILWU FEDERAL CREDIT UNION
WIRE TRANSFER FORM**

Date: _____
Member / Originator Name: _____
Member / Originator Account Number: _____
Member / Originator Address: _____

Amount: _____
Receiving FI Routing Number (ABA): _____
Receiver FI Name: _____
Receiver FI City & State: _____
Beneficiary Name: _____
Beneficiary Account Number: _____
Beneficiary Address: _____
Further Instructions: _____

I authorize South Coast ILWU Federal Credit Union to send this wire as per my instructions above:

(Member / Originator Signature)

For Official Use Only:

SW Corp. Contact Person: _____
Verification Code: _____
Employee Signature: _____
OFAC Verified: _____ Date: _____