



WIRE WORKSHEET

MEMBER INFORMATION AND ID VERIFICATION

*Name:	*Account Number:
*Physical Address:	
Phone/Email:	*Request:
*Verification:	

BANK ROUTING INFORMATION

Intermediate Bank Name:	*Beneficiary Bank Name:
Intermediate Bank Address:	*Beneficiary Bank Address:
Intermediate Bank ABA/SWIFT:	*Beneficiary Bank ABA/SWIFT:

Beneficiary Information

*Name:	*Account/IBAN:
*Physical Address:	

MISCELLANEOUS INFORMATION

*Amount:	*Purpose of Wire:
Beneficiary Bank Sort Code:	Beneficiary Bank Branch Name:
File Number:	Attn:
Invoice:	For Further Credit To:
Property Address (for closings):	

1. Please note that all wire information must be in by 3:00 Central Time to go out in the same business day.
2. Standard Wire Charge is \$20.00 per Domestic Wire and \$30 per International Wire
3. Wire Requests should be sent to wires@agcu.org

Assemblies of God Credit Union is not responsible for any losses, so long as they transmit the wire proceeds in accordance with the information provided in this form. I attest that the information provided is correct and approve this transfer.

Please Sign and Date

***ALL FIELDS WITH AN ASTERISK AND IN BOLD ARE REQUIRED**