

WIRE WORKSHEET

AGCU MEMBER ORIGINATOR INFORMATION	
*Name:	*Account Number:
*Physical Address:	
Phone/Email:	
*For verification of identity, please be prepared to provide any requested security information.	
BENEFICIARY BANK ROUTING INFORMATION	
*Beneficiary Bank Name:	
*Beneficiary Bank Address:	
*Beneficiary Bank ABA (routing no.) or BIC (SWIFT code):	
(Optional) Intermediary Bank Name and ABA/SWIFT:	
BENEFICIARY INFORMATION	
*Beneficiary Name:	
*Beneficiary Account No. or IBAN No.:	
*Physical Address:	
*Amount:	*Purpose of Wire:
(OPTIONAL INFORMATION)	
Beneficiary Bank Sort Code:	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