

DOMESTIC OR FOREIGN WIRE REQUEST

Currency Information

Amount in U.S. Dollars:



Sender Information

Your Name:

Your Account Number: Savings Checking

Street Address:

City:

State: Zip:

E-Mail:

Phone:

Signature: _____

Fax to:
616-249-3666

For Credit Union Use Only
Callback verification for
all amounts over \$1,000

Receiver Information

Receiver Name/Purpose: /

Receiver Account Number: IBAN

Address:

Address:

City State Zip:

Country:

Phone/E-Mail: /

For Credit Union Use Only
 One Time Wire
 Repeating Wire*
 OFAC Scan

Receiving Financial Institution Information

Bank Name:

Routing or Swift Code:

City State:

Country:

For Credit Union Use Only
 OFAC Scan

Reference Information

Additional Wire Instructions:
(90 Character Limit)

* Check this box if you want us to retain the information on this Receiver for future wires. We will assign this Receiver a Template Name that you may use on the "Recurring Wire Request" form.