

Outgoing Wire Transfer Form

International Wire Services are available until 12:00 p.m. each business day. Domestic Wire Services are available until 2:00 p.m. each business day. Wires after these times will be processed the following business day.

Date:	Employee Initials: _	Amo	ount of Wire Transfer:		
Sender's (Originator) Nam	ne:		Phone:		
Driver's License Number	er:	Issuing State:			
Climb Credit Union Acc	ount Number:		count Type:		
Address:	·····	City:	State:	Zip:	
	(Cannot be a P.O. Box)				
Fee: Receiving Institutions					
1 st Credit					
			Phone:		
			State:		
Routing (ABA) Numbe	er:	Swift Code (if in	ternational):		
Branch Location (if a	pplicable):				
2 nd Credit (Required fo					
· ·	•		Phone:		
Address:		City:	State:	Zip:	
Routing (ABA) Numbe	er:	Swift Code (if in	ternational):		
Branch Location (if a	pplicable):				
Final Credit					
Beneficiary Name: _			Account Number: _		
Address:		City:	State:	Zip:	
· ·	(Cannot be a P.O. Box)				
Union (and other institution identifies a different party governed by Regulation J.	on) may rely on the account or institution. If the wire tra	or other identifying Insfer is cleared thro Inion to transfer funds	count number (or ABA routing r number as the proper identific ugh the Federal Reserve, the t s as described herein and debi greement.	ation, even if it ransaction is	
Member Signature:			Date:		
A notary for wires initiate		fax is required. (Waiv funding is for Lending	ed if the wire is initiated in a brai g ONLY.)	nch or HELOC funding.	
State of Colorado, Cou	nty of				
Subscribed and sworn t	to be this	day of	,		
By:					