



DOMESTIC WIRE FUNDS REQUEST FORM

(for outgoing wire transfers)

Please include a copy of your driver's license, state-issued ID card or passport. Thank you.

Cut-off time for local wires: 2:00 p.m.

Date: _____

Home Address: _____

I, _____, hereby authorize The White House Federal Credit Union to wire
\$_____ from my account number _____ to:

Bank Name: _____

ABA or Routing Number: _____

Bank Address: _____

Credit Account of: _____

Account Number: _____

Address of Recipient: _____

Final Credit to: _____

Account Number: _____

Address of Recipient: _____

Signature: _____

Telephone Number: _____

The Credit Union will rely on the account number and routing number given by you.

Local wire fee: \$25

Fax number for The White House Federal Credit Union: 202-456-2413

CREDIT UNION USE ONLY			
Wire initiated by: _____	Date: _____	Wire approved by: _____	Date: _____
Funds withdrawn from above account by: _____	Date: _____		
Verified that funds were withdrawn from above account by: _____	Date: _____		
OFAC Verified _____	Date: _____		