

Outgoing Wire Transfer Form

Our outgoing wire transfer cut-off time is 12:00pm PT. Please note each wire transfer request will be submitted to our accounting department and is not automatically sent. Each request is subject to ID verification and a fee of \$30 per request. Wires over \$1,500 are subject to additional verification.

F! N			Decree Con Mine				
rst Name		Reason for Wire					
Last Name			Amount of Wire				
Account Number			Type of Wire	☐ Domestic		International	
Phone Number			Fees Taken From	Checking		Savings	
Receiving Institution Info	rmation						
Institution Name			Institution Address	Institution Address			
Routing/Swift			Institution Address (continued)				
			Institution Country				
Beneficiary Name			Beneficiary Address	5			
Account Number			Beneficiary Address	s (continued)			
For further credit to (when applicable)			Beneficiary Country	Beneficiary Country			
Special Notes							
Terms and Conditions I hereby authorize CalCom Fidebited for the amount of the not received and credited du	ne wire and any app	olicable fees. I agre	e to hold CalCom Federal	Credit Union harmle	ss if the	funds are	
I have read and accept th	e Term and Condi	itions.					
Signature			Date				
		Credit Unio	on Use Only				











