



**Wire Transfer Request Form**

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Member Phone: \_\_\_\_\_

**Bank Information**

Name of Bank or Financial Institution: \_\_\_\_\_

Bank or Financial Institution Address: \_\_\_\_\_

Bank Wire Transfer Routing Number: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

Amount of Wire Transfer: \_\_\_\_\_

Name of Person to Credit: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number to Credit: \_\_\_\_\_

Final Credit to: \_\_\_\_\_

Account Number to Credit: \_\_\_\_\_

**Wire Transfer fee within the US - \$30.00**

**Wire Transfer fee outside the US - \$55.00**

Return completed copy to PHI Federal Credit Union by faxing to (337) 232-0026

Member's Signature \_\_\_\_\_