



Member Wire Transfer Request

Go Energy Financial
2100 E. Exchange Place
Suite 101
Tucker, GA 30084
Phone: 470-514-3000

MEMBER NAME: _____ CU MEMBER# _____

ADDRESS: _____

AMOUNT TO BE WIRED: \$ _____

ACCT TYPE FOR DEBIT OF WIRE AMT: CKING: _____ SVS: _____ OTHER: _____

NAME OF RECEIVING FINANCIAL INSTITUTION: _____

ADDRESS OF FINANCIAL INSTITUTION: _____

ABA (ROUTING & TRANSIT) # OF RECEIVING FIN INST: _____

NAME OF PERSON TO CREDIT: _____

ADDRESS OF PERSON TO CREDIT: _____

ACCOUNT NUMBER TO CREDIT: _____

ACCT TYPE TO CREDIT: CKING: _____ SVS: _____ OTHER: _____

PHONE ADVICE FOR WIRE TRANSFER: NO _____ YES _____ (EXTRA FEE CHARGED)

PURPOSE OF WIRE: _____

FEDWIRE MAY BE USED. REG J IS THE LAW COVERING FEDWIRE TRANSACTIONS.

I understand that once this request has been processed, the funds will have been permanently transferred to the above beneficiary and that a stop payment order will be impossible. This payment implements an agreement between the undersigned and the beneficiary. The credit union is not a part of this agreement and has no obligations other than to wire transfer the funds in accordance with this request. I understand that the credit union handles wire transfer requests expeditiously, but the credit union cannot guarantee that this request will be completed in any specific time period.

Please verify that all information is correct, sign and date below:

X _____ (Phone #) _____
SIGNATURE DATE (Alternate Phone #) _____

CU USE ONLY:

REQUEST TAKEN BY: _____ Branch or EMC Office _____

FAX REQ - CALL BACK TO MBR BY _____ ACCT DEBIT (WT) / WIRE FEE (FY) AMT\$ _____ BY _____

AMTS OVER \$3,000 VERIFIED WITH RECEIVING FI: _____ BY: _____

CALL/ENTRY TO CATALYST BY _____ DATE _____ VERIFIED BY: _____

BENF OFAC INQUIRY BY _____ DATE _____