



Telephone: 617-632-8164 <> Fax: 617-632-8204

**OUTGOING WIRE TRANSFER REQUEST FORM**

Purpose of Wire:
Wire Amount:
Receiving Institution ABA #:
Receiving Institution Name:
Receiving Institution Address:

Originator (Member) Name:
Alpha Credit Union Account #:
Originator (Member) Address:
Originator (Member) Telephone:

Beneficiary (person receiving funds) Name:
Beneficiary Account #:
Beneficiary Address:
Beneficiary Telephone:

Intermediary Financial Institution (if applicable):
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I authorize Alpha Credit Union to wire funds from my account according to the instructions above and agree to pay the \$20.00 fee, which will be deducted from my account.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_