

Bank to Bank Wire Request Form



Member Andrews Federal Account Number: _____

Primary Joint/POA Custodian/Trustee/Guardian

Member Name/Name of Caller: _____

Member Address: _____

Withdraw Funds From: Share Checking Money Market Other

Reg D: YES NO

Account Closed: YES NO

Member Phone Number: _____

Email: _____

ID Type: _____

ID No. _____

ID Exp. _____

Receiving Bank Information

Amount: \$ _____ + Fee (Visit andrewsfcu.org for complete fee information.)

Receiving Bank ABA # (Routing Number): _____

Receiving Bank Name: _____

Receiving Bank City/State: _____

Receiving Bank Telephone Numbers (If Known): _____

Further Credit To (If Applicable)

Receiving Bank ABA # (Routing Number): _____

Receiving Bank Name: _____

Receiving Bank City/State: _____

Receiving Bank Telephone Numbers (If Known): _____

Final Credit/Receiving Party's Information

Name of Person/Company Receiving Credit: _____

Receiving Person/Company Street Address (required if wired amount is \$3,000 or more):

Receiving Account Number: _____

Account Type: Checking Savings Loan Other

Special Instructions/Comments: _____

Foreign Address of Receiving Person/Company (If Receiving Bank is in Foreign Country):

Amount: \$ _____ + Fee (Visit andrewsfcu.org for complete fee information.)

Receiving Person/Company Street Address: _____

Receiving Person/Company City Code/Town: _____

Receiving Person/Company Province, Postal Code: _____

Receiving Person/Company Country: _____

Member Signature (original signature required): _____

Andrews Federal Staff Use Only	
Wire Submitted By:	Time/Date:
Wire Approved By:	Time/Date:
Wire Department Use Only	
Entered By:	Control Number:
Verified By:	Time/Date:

Please email completed and signed form with identification to DepositSupportServices@andrewsfcu.org