

## **Wire Transfer Form**

•	st Corporate Federal Credit Unic ice Credit Union, Atlanta, GA AE		t: 311990511 for further to:
Please check appropriate box:     Incoming	Outgoing Wire Date:		Time:
MEMBER NAME:		Account #:	
Email Address:	@		
Address:			
City:		State:	Zip:
	Dollar		
RECEIPENT NAME:	Wire	Routing #	
Address:		Account #	
City:		State:	Zip:
RECEIVING INSTITUTION:			
Address:			
City:		State:	Zip:
Member Signature:			Date:
Send completed form and copy governmen	nt issued identification of the mo	ember named abov	
1	O BE COMPLETED BY 1ST CHOICE	CREDIT UNION	
Request Received By (staff member):		<b>:</b> :	Time:
Posted to / from member account by:		Date:	Time:
CU GL #:	T		T
Institution information provided to / from:		Representative Na	ame/Phone:

Wire requests made after 2:00PM EST will be processed the next business day. Members may contact 1st Choice (404) 832-5800 with any questions.

**UPON COMPLETION OF TRANSFER SEND COMPLETION NOTICE TO MEMBER AND 1CCU REQUESTER**