



BANK TO BANK WIRE REQUEST FORM

Members Name/Name of caller: _____
 Members Andrews account number: _____
 Primary: _____ Joint/POA: _____ Custodian/Trustee/Guardian: _____
 Withdraw from: Share: _____ Checking: _____ Money Market: _____ Other: _____
 Account Closed: YES _____ NO _____
 Members Phone Number: _____ E-Mail _____
 ID Type: _____ No.: _____ Exp. _____

Receiving Bank Information

Amount: \$ _____ + \$15 (Fee waived for Gold/ Platinum Members)
 Receiving Bank ABA# (Routing Number): _____
 Receiving Bank's Name: _____
 Receiving Bank City/State: _____
 Receiving Bank Telephone Numbers (If Known): _____
 *Fee waived for Gold/Platinum Members and employees

Further Credit To (if applicable)

Receiving Bank ABA# (Routing Number): _____
 Receiving Bank's Name: _____
 Receiving Bank City/State: _____
 Receiving Bank Telephone Numbers (If Known): _____

Final Credit / Receiving Party's Information

Name of Person Receiving Credit: _____
 Receiving Account Number: _____
 Account Type: Checking: _____ Savings: _____ Loan: _____ Other: _____
 Special Instructions/comments: _____

Member's Signature: _____

Andrews Staff Use Only

Wire Received By: _____ Time/Date: _____
 Wire Submitted By: _____ Time/Date: _____
 Wire Approved By (Supervisor): _____
 Transmittal Verified By: _____ Time/Date: _____

Wire Department Use Only

Entered By: _____ Control #: _____
 Verified By: _____

Please fax completed and signed form to 301.702.5334