Bank to Bank Wire Request Form

Andrews FEDERAL CREDIT UNION

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 for processing):

_____

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 Rev. 07/2026

Wire Submitted By: _____ Time/Date: _____

Wire Submitted 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.