MICHIGAN COASTAL CREDIT UNION Outgoing Wire Form

Amou	nt of Wire:		
Member Name:			
Account Number where the funds are	coming from:	-	
Phone Number:	Date:	·	
Receiving Ins	titutions Information: (the fina	ancial institution's FI)	
Name:			
Address:			
City, State, Zip:	,		
Phone Number:			
A.B.A / Routing Number:			
	Financial Institutions Inform	nation:	
Name:			
Address:			
City, State, Zip:	,,		
Phone Number:			
Institutions Account number:			
Final Credit To:			
Beneficiary Name (person getting the f	unds):		
Address:			
City, State, Zip:			
Phone Number:			
Institutions Account number:			
You may identify the "beneficiary name" or any financial institution by name and by account number. The credit union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Reg J. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred plus applicable charges.			
Account Owner Signature:		Date:	
Post Wire in CU:	Employee Initials	Emp #	
How was Member Verified:		Scanned by:	