



1800 West Market Street  
Pottsville PA 17901  
Phone 570-628-2400  
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# WIRE TRANSFER REQUEST

DATE : \_\_\_\_\_  
MEMBER NUMBER : \_\_\_\_\_  
MEMBER NAME : \_\_\_\_\_  
MEMBER ADDRESS : \_\_\_\_\_  
PURPOSE OF WIRE : \_\_\_\_\_

FROM SHARE WIRE : \$ \_\_\_\_\_  
AMOUNT : \$ \_\_\_\_\_  
WIRE FEE (DOMESTIC) : \$ 20.00  
(INTERNATIONAL) : \$ 30.00

WIRE FROM : VIZO FINANCIAL

WIRE TO:

INSTITUTION : \_\_\_\_\_  
LOCATION : \_\_\_\_\_ (CITY AND STATE)  
ROUTING NUMBER : \_\_\_\_\_  
FURTHER CREDIT : \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
FINAL CREDIT : \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
REFERENCE : \_\_\_\_\_

*If your payment order identifies an intermediate financial institution, beneficiary financial institution, or beneficiary by name and number, we and every receiving or beneficiary financial institution may rely upon the identifying number rather than the name to make payment, even if the number identifies an intermediate financial institution, person, or account different than the financial institution or beneficiary identified by name. Neither we nor any receiving or beneficiary financial institution have any responsibility to determine whether the name and identifying number refer to the same financial institution or person.*

MEMBER'S SIGNATURE : \_\_\_\_\_

*(Form must be signed and signature must be verified with account card. Form may be faxed.)*

**Circle one: Fax or Email / In-Person**

\*\*\* Fax or Email must complete Challenge Questions on back of form

.....CREDIT UNION USE ONLY.....

- 1. Signature verified by: \_\_\_\_\_
- 2. OFAC checked by: \_\_\_\_\_
- 3. Hold placed by: \_\_\_\_\_
- 4. Wire request by: \_\_\_\_\_
- 5. OFAC/Pledge verified by: \_\_\_\_\_
- 6. Wire verified by: \_\_\_\_\_
- 7. Transaction posted by: \_\_\_\_\_
- 8. Hold removed by: \_\_\_\_\_
- 9. Approved & Released by: \_\_\_\_\_
- 10. Transaction verified & scanned by by: \_\_\_\_\_

Fax or Email Challenge Questions

1. What is the last 6 digits of your Social Security Number? \_\_\_\_\_

2. What is your Date of Birth? \_\_\_\_\_

3. What type of loan do you have with CACL Federal Credit Union? \_\_\_\_\_  
\_\_\_\_\_

4. What is the date or amount of the last deposit? \_\_\_\_\_

Phone Number Called: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Employee: \_\_\_\_\_