# GSA FCU OUTGOING WIRE SHEET

| PLEASE FAX COMPLETED FORM TO 202-208-4023 | |
|---|---|
| MEMBER NAME | |
| MEMBER ADDRESS | |
| MEMBER ACCT # | |
| MEMBER DAYTIME PHONE # | |
| DOLLAR AMOUNT | |
| RECEIVING BANK NAME | |
| RECEIVING BANK ADDRESS | |
| RECEIVING BANK PHONE NUMBER | |
| RECEIVING BANK ABA NUMBER | |
| BENEFICIARY NAME | |
| BENEFICIARY ADDRESS | |
| BENEFICIARY ACCT# | |
| FOR FINAL CREDIT TO | |

_____ _____

**Member Signature** **Date**

Credit Union Use Only:

| | |
|---|---|
| Date received: | Processed by: |
| Time received: | Fee amount: |

Accounting Department:

| | |
|---|---|
| Date processed: | |
| Processed by: | |
| Confirmation number: | |