



Telephone #: (770) 424-0060 ext. 55105

Fax # (770) 420-3850

WIRE TRANSFER INFORMATION

Date _____

Amount \$ _____ (USD) Convert to _____ (Foreign Type) _____ (Numeric Foreign Amount)
Minimum of \$100.00 USD!!

Member Name _____ Daytime Phone # _____

LGEccu Member Account # _____ Share ID # _____

Purpose of wire transfer (Required for all wires): _____

~*~ THIS SECTION MUST BE COMPLETED BY LGE Employee PRIOR To SUBMITTING To ACCOUNTING DEPT ~*~

In-Person Request: A Wire Transfer Information Form must be provided to the member. The member's identification must be verified by an LGE employee.

I.D. type _____ I.D. number _____ Expiration date: _____ Verifying Employee: _____
(Initials & Teller #)

Receiving Institution: _____ Branch: _____
(International Wires)

Street Address _____
(Required for International Wires)

City, State, Country _____ R/T, ABA, Bank Code, or Swift Code _____

Intermediary Institution (If Applicable): _____

City, State, Country _____ R/T, ABA, or Account No. _____

Final Credit (Account Name): _____ Account or IBAN No. _____

Street Address _____
(Required for International wires)

City, State, Country & Zip _____

Special Instructions: _____

Accounting Use Only:

Telephone Request Policy: A Wire Transfer Request Agreement must be on file and a password is required for all members' telephone wire requests. If both are not already established, the member must first come in to sign an agreement and/or establish a password.

Password Verified By: _____ (employee name & teller no.)

Phone, email, and fax requests (and others subject to verification) must be verified by calling the member back at their home, work, or cellular phone number on the system. Phone # called: _____ Date: _____ Time: _____

Identification questions asked: _____

I hereby request LGEccu to initiate the above transfer. **If an Order describes the person to receive the wire transfer ("Beneficiary") inconsistently by name and account number, the wire transfer may be made on the basis of the account number even if the account number identifies a person different from the Beneficiary. If a wire transfer request describes a financial institution inconsistently by name and identification number, the identification number may be relied upon as the proper identification of the financial institution. You acknowledge that you are responsible for providing LGEccu with all information required by the Beneficiary's bank, including the reason for payment, if required. Sending wires without the required information can cause the wire to be delayed, returned, or assessed additional fees. You further acknowledge the Beneficiary account number and Beneficiary's bank identification number (e.g., IBAN, RTN, IRC, and/or SWIFT BIC) you provide in connection with an Order will be complete and accurate, and you understand you could lose the transfer amount if the information is incorrect.** I understand and have agreed to the terms of the Telephone Wire Transfer Request Agreement and/or Wire Transfer Information Form (also to be used for subsequent wire transfer requests) between myself and LGEccu. **I understand that wire transfer requests which are received by LGECCU later than 1:00 p.m. will be completed the next business day.**

Fees: Incoming Domestic \$15.00 International \$20.00/ Outgoing Domestic \$20.00 International (USD) \$65.00 Foreign Currency \$45.00

Print Name: _____ **Member Signature:** _____

EFT/ACH Specialist: _____ **WUBS Order#/OFAC:** _____ **Wire ID #:** _____