



Telephone #: (770) 424-0060 ext. 85105

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 # _____ SAV or CKG Share ID # _____

Street Address _____ City, State, & Zip _____

~*~ THIS SECTION MUST BE COMPLETED BY FSA OR MSR 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 # of MSR or FSA)

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.)*

Callback Policy: 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. If the member is away from these numbers, ask for and write down the number at which they can be reached. _____ *(10-digit Phone number)* Date: _____ Time: _____

IDENTIFICATION QUESTION (choose one):

- What year was your account opened?
- What type vehicle secures your member loan?
- Who is the beneficiary on your account?
- What was the most recent transaction on your account?
- What is the source of your direct deposit?
- Do you receive paper or e-statements?

Miscellaneous Comment: _____

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 (Beneficiary): _____ Account or IBAN No. _____

Street Address _____
(INTERNATIONAL WIRES REQUIRE BENEFICIARY ADDRESS)

City, State, Country & Zip _____

Special Instructions:

I hereby request LGECCU to initiate the above transfer. I understand and have agreed to the terms of the Wire Transfer Request Agreement and/or Information Form (also to be used for subsequent wire transfer requests) between myself and LGECCU. I realize that requested wire transfers which are received by LGECCU later than 1:00 p.m. will be completed the following business day.

*******Fees:**

- Incoming Domestic\$15.00
- Incoming International..\$20.00
- Outgoing Domestic\$20.00
- International (USD)\$65.00
- Foreign Currency\$45.00

**Daily Cut-Off Time for all
Outgoing wire requests is
1:00PM**

Print Name _____ Member Signature _____ Email _____

(Accounting Department Use only)

Accounting Associate: _____ WUBS Order#/OFAC: _____ Wire ID #: _____