~	Credit Union	1479 Straits Dr Bay City MI 48706 3262 Cabaret Trail S Saginaw MI 48603	
	www.copoco.org	800-292-20897 / 989-684-1873	
	OUTGOING WI	RE TRANSFER REQUEST	
A Origina	tor / Member Name	Birthdate (Optional)	
B Membe	er Address/City/State/Zip		
C Membe	er Number	Suffix	
D Amoun	t\$	Plus Wire Fee \$20 = Total \$	
E Wire Pu	urpose (Required)		
	INFORMATION O	F ACCOUNT TO RECEIVE CREDIT	
F Receivi	Receiving Financial Institution Name		
G Receivi	G Receiving Financial Institution Routing Number		
H Receiving Financial Institution Phone Number			
Receiving Financial Institution Address			
J Receivi	Receiving Financial Institution City/State/Zip		
K Beneficiary Financial Institution (If Any)			
L Benefic	Beneficiary Financial Institution Address		
M Beneficiary Financial Institution Routing number			
N Beneficiary / Account Name			
O Benefic	D Beneficiary Account Address City / State / Zip		
P Benefic	ciary Account Number		
Q Special	Instructions (if any)		

You may identify the payee or any financial institution by name and by account number (or ABA routing number). COPOCO Community 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 Regulation J. You authorize COPOCO Community Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. You understand that COPOCO Community Credit Union is not liable if the routing number and/or account number is incorrect.

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MEMBER SIGNATURE

<u>COPOCO</u>

MEMBER PHONE NO

4265 Wilder Rd Bay City MI 48706

Office Use Only

Date/Time Received

Taken By

Form Rev 02 05 2025