STATE DEPARTMENT	WIRE TR	ANSFER			
EDERAL CREDIT UNION	DATE OF REQUEST:				
MEMBER'S NAME:	MEMBER'S ACCOUNT NO:				
	TYPE OF WIRE (c	heck only on	e):		
USD DOMESTIC or INTERNATIONAL	,	•	, GN CURRENCY (F)	X) INTERNA	ATIONAL
USD amount to wire: \$		FX amour	nt:	or USD amo	ount:
	-	Currency type:		Evolution	(to purchase FX
			. Euro, British Pounds)		
1ST BANK'S INFORMATION:					
		BAN	KNAME		
	BANK ABA	NUMBER (if domestic ba	ank) or WELLS FARGO (if I	nternational)	
	BANK ADDRESS				
		CITY / STATE / Z	PCODE / COUNTRY		
BENEFICIARY BANK'S INFORMATION: (Overseas Bank / International)		DAN			
(Overseas Darik / International)		BAN	K NAME		
	BANK ABA NUM	IBER (if domestic bank)	or SWIFT CODE / BIC COD	E (if foreign bank	.)
	BANK ADDRESS (indicate Branch Name, if applicable)				
		CITY / STATE / 7	PCODE / COUNTRY		
		GIT/ STATE/ ZI			
BENEFICIARY'S INFORMATION: (Recipient of funds)		BENEFICIARY'S ACCOL	INT NUMBER / IBAN Numbe	ar.	
(Recipient of runds)					
	NAME (ON BENEFICIARY BANK ACCOUNT)				
	BENEFICIARY'S FULL PHYSICAL MAILING ADDRESS (cannot be PO Box)				
	CITY / STATE / ZIPCODE / COUNTRY				
ADDITIONAL INSTRUCTIONS:					
SPECIFIC PURPOSE OF WIRE:					
	AMOUNT \$:		FEE \$:	TOTAL	.\$:
	· -		·		
MEMBER'S SIGNATURE:					
FOR ALL WIRES: YOUR REQUEST MAY BE SI TO INITIATE. WE WILL USE THE PHONE NUMBER					-3 BUSINESS DAYS
FOR INTERNATIONAL WIRES: YOU HAVE THE WIRE INSTRUCTIONS BEING SUBMITTED AND APPROVED FO					
FOR SDFCU OFFICE USE ONLY:					
Member's Identification Information: Type SDFCU Employee:	e of ID:	ID #:		E:	xp: te: