RTP Federal Credit Union Life is full of possibilities. Get your share.		[Domestic Wire Transfer Request			
FAX to:	(919) 224-8891	MA	IL to:	RTP Federal Credit Uni P.O. Box 12807 Research Triangle Park	-	
If you are unsure how to fill out this form, please call RTP Federal Credit Union at <u>(919) 941-5700</u> . Returning incorrect, incomplete or unsigned forms will delay the processing of your request.						
		Reoccurring Wire #				
Date	Time		Request Taken By			
RTP Federal Credit Union Member Information						
	RIP	Federal Credit Un	ion wem	ber mormation		
Wire Amount (in U.S. Dollars) \$			(not including wire fee) OFAC Check			
Account Number		Suffix #	_ Suffix # Available Balance			
Primary Member Name						
Wire Initiated by	(if joint owner)					
Address			City _	State	Zip	
Phone #: Work		Home		Other		
Email Address _						
		Financial Institu	ition Info	mation		
ABA/Routing # (9 digits)			Comments		
Bank Name						
Bank Address						
Dalik Audress						
FURTHER CREDIT TO: (if applicable)						
Account Number to Credit						
Name on Account						
BENEFICIARY:						
Beneficiary addr	ress					
		Autho	rization			
information. I cannot	hold RTP Federal Credit Union	liable for any incorrect infor	mation provid	n this form is accurate, including the ed by me. I authorize RTP Federal C arged a \$30 fee in addition to the arr	redit Union to process a wire	
Member Signat			Date			
	THIS	SECTION - CRE	DIT UNIC	ON USE ONLY		
Fodline: (744.400)		rol #:	0-		Time	
		rol #: #:		t By: ïed:	Time: Time:	
i iisi Garolilla. <u>(745-</u>	Ref 7	т	ven	icu		