



WIRE TRANSFER AUTHORIZATION

Accounting Fax # 678-540-3060

Date _____

Amount \$ _____ (USD)
Minimum of \$100.00 USD!!

Member Name _____ Daytime Phone # _____

PPCU Member Account # _____ SAV or CKG Share ID # _____

Street Address _____ City, State, & Zip _____

THIS SECTION MUST BE COMPLETED BY MSR PRIOR TO SUBMITTING TO ACCOUNTING DEPT

In-Person Request: A Wire Transfer Information Form must be provided to the member.
The member's I.D. must be verified by a PPCU employee.

I.D. type _____ I.D. number _____ Expiration date: _____

Telephone Request Policy: A Wire Transfer Request Agreement must be on file and a password is required for all members' telephone wire requests.

Password Verified By: _____ (employee name) Existing wire template: Yes No (circle)

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.

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 PPCU to initiate the above transfer. I understand and have agreed to the terms of the Wire Transfer Request Agreement and/or Information Form...

*****Fees:

Incoming\$10.00
Outgoing\$15.00
International (USD) ..\$30.00
Daily Cut-Off Time for all Outgoing wire requests is 2:00 PM

Print Name _____ Member Signature _____ Email _____

(Credit Union Use Only)

Verifying Employee _____ Date/Time Sent _____ Wire ID # _____
(Initials/teller # of MSR or FSA) (Accounting Dept Only) (Accounting Dept Only)