



UKRAINIAN SELFRELIANCE MICHIGAN FEDERAL CREDIT UNION  
26791 RYAN ROAD, WARREN, MI 48091  
PHONE: 586-756-3300 - FAX: 586-756-4316 - EMAIL: CUWARREN@USMFCU.ORG  
FORM #010114

## Domestic Wire Transfer Request

Requested by (Originator):		Date
Street address		Zip

Amount \$	<b>USMFCU Fee \$20</b>	Account Number	
Name of Receiving Financial Institution			
ABA or Routing Number			
Address			
Secondary Bank Information (complete if necessary)			
Financial Institution			
Address		Routing Number	Account Number
Final Credit to:			
Name			
Address			
Account Number			
Further Instructions or Messages _____			
<b>Purpose</b>			
Call back phone number required for verification.			
By signing below, I hereby request that Ukrainian Selfreliance Michigan Federal Credit Union perform the funds transfer described above. I understand and agree that this funds transfer is subject to USMFCU's Funds Transfer Agreement and Disclosure and schedule of fees and charges.			

\_\_\_\_\_  
USMFCU Staff Signature

\_\_\_\_\_  
USMFCU Member Signature

WARREN