



**OUTGOING WIRE
TRANSFER INSTRUCTIONS**

\$15.00 for Domestic Wire Transfers

\$35.00 for most International Wire Transfers

** The US Patriot Act now requires addresses for all parties involved.*

Credit Union Account Information

Name	Signature	\$	Amount of Wire
Account Number	Home Number	Work Number	Cellular Number
Address	City	State	Zip Code

Beneficiary Account Information

Name	Account Number
Address	City
	State
	Zip Code
Account Type or Reference	

Beneficiary Financial Institution

Name	ABA / Routing Number
Address	City
	State
	Zip Code
Account Type or Reference	

Intermediary Financial Institution

Name	Account Number or ABA / Routing Number
Address	City
	State
	Zip Code
Account Type or Reference	

(FOR CREDIT UNION USE ONLY)

<p>Baptist Health South Florida FCU</p> <p>2670-8220-1</p> <p>* Form must be submitted with:</p> <ul style="list-style-type: none"> - Copy of MAIN screen - Copy of Receipt - Copy of OFAC verification 	<table border="0" style="width:100%;"> <tr> <td>Amount of wire transfer: _____</td> <td>Fee: _____</td> <td>Total charged: _____</td> </tr> <tr> <td>Teller: Initials: _____</td> <td>Date: _____</td> <td>Time: _____</td> </tr> <tr> <td>Setup: Initials: _____</td> <td>Date: _____</td> <td>Time: _____</td> </tr> <tr> <td>Confirmation: Initials: _____</td> <td>Date: _____</td> <td>Time: _____</td> </tr> <tr> <td>Verification #: _____</td> <td>Sequence #: _____</td> <td></td> </tr> </table>	Amount of wire transfer: _____	Fee: _____	Total charged: _____	Teller: Initials: _____	Date: _____	Time: _____	Setup: Initials: _____	Date: _____	Time: _____	Confirmation: Initials: _____	Date: _____	Time: _____	Verification #: _____	Sequence #: _____	
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