



Member Originating Wire (Sender)

Name:		Date:	
Address:			
City:	State:	Zip:	
Home Phone:		Daytime Phone:	
Identification Type / # (Attach Copy):		Withdraw Funds from Account:	
Purpose:			

IMPORTANT INFORMATION

Are you wiring these funds due to overpayment for items sold on the internet or a cancelled purchase of items sold on the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you wiring these funds to pay for taxes or fees associated with winning a lottery or release of an inheritance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you wiring these funds to someone who hired you to process checks for them or their company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you wiring these funds to someone who sent you Traveler's Checks, Money Orders, Official Check, or Cashier's Checks via contact from the internet or phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you wiring funds to an investment firm located outside of the US that contacted you via telephone, email, or mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been contracted as a "mystery shopper" and asked to wire money back along with your evaluation of services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been told not to divulge the reason you are wiring these funds for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
MSR (Initial to verify member has been asked questions):	Date:
** If the member answers yes to any of the above questions, then further verification of funds and/or further discussion is needed to avoid potential fraud.	

Receiving Financial Institution

****Member must contact institution for complete wiring instructions. Not all financial institutions are online w/Federal Reserve & their ABA# alone may not work.**

Name of Financial Institution:	ABA / R&T # (9 digits):
Secondary Financial Institution (If Any):	
Secondary Account number (If Any):	

Further Credit to (Individual or Business) Information

Name:	Address:
City:	State: Zip:
Account Number:	
Final Credit To (Name):	Address:
City:	State: Zip:
Account Number:	Type: <input type="checkbox"/> Savings <input type="checkbox"/> Share Draft/Checking

Special Instructions or Reference Information

Wire Out Authorization

I authorize Gerber Federal Credit Union to wire \$ _____ out of my account and to withdraw a wire transfer fee of \$ _____, according to the current fee schedule.

Member Name (Please Print):

Member Signature: _____ Date/Time: _____