## **WIRE TRANSFER REQUEST**



LCFCU.ORG | 202-707-5852 800-32-LCFCU (52328) | 800-325-2328

Date:		
Account Number:	Daytime Phone:	
Member Name:		
Address:		
WIRE INSTRUCTIONS	Fee:	
Financial Institution:		
City & State:		
ABA Routing Number o	r Swift Code:	-
IBAN Number (if necess	sary):	_
For Credit to (Beneficiar	ry):	
Account Number:		-
Further Credit of:		-
Account Number:		_
Special Instruction:		
governed by Regulation J of number (or ABA routing nun the proper identification, ev- as described herein and deb	bove will be cleared through the Federal Reserve utilizing the FedWire System. If the Federal Reserve. You may identify the payee or any financial institution by moder). The Credit Union (and other institutions) may rely on the account or othe ren it if identifies a different party or institution. You hereby authorize the Credit poit your account for the amount transferred, plus applicable charges. The Credit is same day; we cannot guarantee same day receipt and crediting of the wired further than the control of the wire	name and by account r identifying number a Union to transfer fund Union will process wire
Member Signature/Date	e	
For Office Use Only:		
Date & Time Rec'd:	Received by:	
•	OFAC Verification:Yes Initials:	
Member Identification:	Callback Performed:NoYes Tim	e:
Wire From	Date & Time Verification Number	Initials

## Please Fax or Mail your completed form:

- Fax: 202-707-6418
- By Mail:
   Library of Congress FCU
   8100 Professional Place, Suite 308
   Hyattsville, MD 20785-2229

Completed forms can also be dropped off in-person at our Madison branch: 101 Independence Ave., SE, Room LM 634, Washington, DC 20540-9997