

WESTERN UNION WIRE REQUEST FORM

Please fax to 202-673-3508 or email to info@dgefcu.org

TODAY'S DATE: _____

MEMBER'S NAME: _____

MEMBER'S ACCOUNT NUMBER: _____

DEBIT FROM CHECKING OR SAVINGS? _____

DAYTIME PHONE NUMBER: _____

AMOUNT OF WIRE: \$ _____ FEE*: _____ TOTAL: \$ _____

PAYEE/RECIPIENT'S NAME: _____

EXPECTED PAYOUT LOCATION (CITY, STATE, COUNTRY): _____

**DGEFCU will call to provide you fee information before the transfer takes place. Please be sure to provide a good daytime number.*

MEMBER'S SIGNATURE: _____

Received On (Date & Time): _____

Processed by: _____