

WIRE TRANSFER FORM

DATE: _____

MEMBER/ORIGINATOR NAME: _____

MEMBER/ORIGINATOR ACCOUNT NUMBER: _____

MEMBER/ORIGINATOR ADDRESS: _____

AMOUNT: _____

RECEIVING FI ROUTING NUMBER (ABA): _____

RECEIVER FI NAME: _____

RECEIVER FI CITY & STATE: _____

BENEFICIARY NAME: _____

BENEFICIARY ACCOUNT#: _____

BENEFICIARY ADDRESS: _____

FURTHER INSTRUCTIONS: _____

By signing this form I certify that the information provided is correct and I agree to hold the credit union harmless in the execution of this request.

(MEMBER'S SIGNATURE)

FOR OFFICE USE ONLY:

CATALYST CORP CONTACT PERSON: _____

VERIFICATION CODE: _____

EMPLOYEE SIGNATURE: _____

OFAC VERIFIED: _____ DATE: _____