

Outbound Wire Request Form

(Please fax or deliver to the credit union by 12:30 PM EST of the date you are requesting wire transfer)

Return to: McKesson Federal Credit Union
97 Honeyspot Road
Stratford CT 06615
Fax (203) 375-2186
Phone (203) 381-9492

I hereby instruct McKesson Federal Credit Union to initiate debit entries to my member account as indicated below and to wire the funds to the receiving institution and account designated below:

Member's Account Name:	_____
McKesson FCU Acct. No.:	_____
Please specify account type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market
Wire Amount:	_____
Wire Date:	_____

Receiving Financial Institution Name:	_____
Transit # or ABA #:	_____
Receiving Financial Institution Address:	_____ _____
Receiving Account Name:	_____
Receiving Account #:	_____
Account Address (incl. City, State):	_____ _____

By signing below, I agree to and acknowledge receipt of the terms of and conditions of McKesson Federal Credit Union's Fee and Rate Schedule, Membership Agreement, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement and, if applicable, to any amendments the McKesson Federal Credit Union has made from time to time which are incorporated herein. I understand and acknowledge it is solely my responsibility to provide accurate account, routing numbers, and related information to the credit union.

This request and authorization is to remain in full force and effect until McKesson Federal Credit Union has received written notification from me of it's termination in such time and such manner as to afford McKesson Federal Credit Union a reasonable opportunity to act on it.

Member Signature _____ Date _____