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## **WIRE TRANSFER AUTHORIZATION - \$25 FEE**

SENDER INFO	ORMATION	
MEMBER NA	ME	
ADDRESS		
CITY, STATE 8	& ZIP	
ACCOUNT NU	JMBER	
AMOUNT TO	BE SENT	
	INANCIAL INSTITUTION	
INSTITUTION		
CITY, STATE &		
NOOTHIG ITS	AVIDER	
RECIPIENT IN	NFORMATION	
NAME		
ADDRESS		
CITY, STATE 8	& ZIP	
ACCOUNT NU	JMBER	
ADDITIONAL	L INFORMATION (IF NECESSA	ARY)
MEMBER SIGNATURE		DATE
INTERNAL US	SE ONLY	
PROCESSED BY		VERIFIED BY
OFAC	ID VERIFIED	VERIFICATION #