



Outgoing Wire Form

Instructions for using this form:

1. Type in the fields below and print, or print and write in each field
2. Bring in person to: MedPro Federal Credit Union - 1174 Battles Ave. | Akron, OH 44314
3. **DO NOT MAIL OR EMAIL THIS FORM**
4. **ALL INFORMATION IS REQUIRED TO COMPLETE A WIRE TRANSFER**

FUNDS TRANSFERRING TO:

First Bank Name: _____ Routing # _____

Address: _____ City _____ State _____ Zip _____

Second Bank Name (if available): _____ Routing # _____

Address: _____ City _____ State _____ Zip _____

Final Beneficiary Name: _____

Beneficiary Address: _____ City _____ State _____ Zip _____

Beneficiary Account #: _____ Beneficiary Phone # _____

Account Type – C\YW one: Checking Savings Loan Investment

I, _____ am requesting that MedPro FCU wire the amount of
 \$ _____ from my MedPro account # _____. I understand there is a
 \$20.00 fee for this service (\$30.00 for international wires).

I can be reached at _____, if needed.

My physical address is: _____ City _____ State _____ Zip _____

Signature _____ Date _____