

State College Federal Credit Union
724B South Atherton Street
State College, PA 16801

Wire Funds Transfer Form (Cut Off Time is 1:30pm)

By completing and signing below, you authorize State College FCU to transfer funds as described below and debit your account for the amount transferred, plus applicable fees. If this form is sent via fax, the sender agrees that the document received by State College FCU is a duplicate original and adopts the produced signature as the sender's original signature.

Transfer Date: _____ Member Name: _____

Amount of Wire: \$ _____

Receiving Institution ABA# _____

Name: _____

Address: _____

With Further Credit to ABA# _____

Name: _____

Address: _____

With Final Credit To: _____

Address: _____

Account Number: _____

Member Signature: _____ Account # _____

Mid Atlantic Operator Name _____

Verification # _____

Credit Union Employee Verifying Information _____ PIN: _____

Mid-Atlantic **1-800-622-7494** (#1 Member Services). Credit Union Account Number is **231386182** (S1 Account). When Calling Member Services, "Request a Third Party Wire"