

Arlington Community Federal Credit Union ARLINGTON COMMUNITY Arlington, VA 22204-7070 (703) 526-0200 P.O. Box 40070

DOMESTIC FUNDS/WIRE TRANSFER REQUEST

SENDER'S INFORMATION	
NAME	
ADDRESS	
CITY/STATE/ZIP	PHONE NUMBER
ACCOUNT NUMBER FROM WHICH TRANSFER WILL BE MADE	AMOUNT OF TRANSFER \$
PURPOSE	
RECEIVING FINANC	CIAL INSTITUTION INFORMATION
FINANCIAL INSTITUTUTION NAME	TAL INC. II CHARLES IN CAME AND A STATE OF THE STATE OF T
FINANCIAL INSTITUTUTION ADDRESS	
FINANCIAL INSTITUTIONS' ABA ROUTING # OR SWIFT#	BENEFICIARY ACCOUNT NUMBER AT RECEIVING FINANCIAL INSTITUTION
IBAN OR SPECIAL INSTRUCTIONS	
BENEFIC	CIARY'S INFORMATION
NAME	
ADDRESS	
CITY/STATE/ZIP	PHONE NUMBER
between the undersigned and the beneficiary and its only signing below, I authorize ACFCU to transfer funds as de applicable fees. I understand that Credit Union may verify a prior to the transfer being initiated. I further understand the receiving financial institution, even if such numbers identical authorize you to debit my account for any applicable fees Rates & Fees Schedule provided when I opened my account provided to me. I understand that if this Transfer	
ACCOUNT OWNER'S SIGNATURE	DATE
l _x	