

WIRE TRANSFER AUTHORIZATION

Member (Sender) Information	Name (First, Middle, Last)		Credit Union Account Number	
	\$ Amount of Wire Transfer		Contact Phone Number	
	Home Address	City	State	Zip

Complete this section if funds are to be wired to a financial institution in the United States:

Domestic Financial Institution (\$25.00 Fee)	Financial Institution Name		Routing & Transit #		
	Financial Institution Address				
	City		State	Zip Code	
	Beneficiary Name		Type of Account	Account #	

Complete this section if funds are to be wired to a financial institution outside the United States:

International Financial Institution (\$45.00 Fee)	Financial Institution Name		Reason for funds transfer		
	Financial Institution Address				
	Beneficiary Name(s)		Beneficiary Account Number		
	Beneficiary Complete Address				
	Bank Identification Numbers				

Signature		
	<i>Member Signature</i>	<i>Date</i>

Mail to: Alcoa Pittsburgh FCU, ABSC Building, Suite 100
 30 Isabella Street, Pittsburgh PA 15212

Fax to: (412) 553-2464

Include a copy of your driver's license and/or passport for verification