

INSTRUCTIONS TO WIRE FROM YOUR ACCT WITH NNMSEFCU

MEMBER NAME: _____

MEMBER ADDRESS: _____

MEMBER PHONE NUMBER: _____

MEMBER ACCT. NO: _____

AMOUNT OF WIRE: _____

**NAME OF RECEIVING
FINANCIAL INSTUTION:** _____

ADDRESS: _____

ROUTING #: _____

BENEFICIARY NAME: _____

BENEFICIARY ADDRESS: _____

BENEFICIARY ACCT. NO: _____

SIGNATURE: _____

DATE: _____
