Lakeshore Federal Credit Union - Domestic Wire Transfer Request

Date Requested:	Ti	me Requested:	Teller:	
Debtor Name:		Account Numbe	r	
Address	Phone Number			
City	State	Zip		
Amount	Wire Trans	Wire Transfer Fee		
Creditor Name:	A	Account Number	,	
Address	1. 1. 2. 1. 1.	N		
City	State	Zip		
Ultimate Creditor Name:	- A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.	1 1 1/1	S	
Address	AP5 7	1	Mr. Car	
City	State	Zip		
Instructed Agent:	UP .	. 14	1979	
	1 C C C C	Routing # (9 digits		
Address	· 9.	Routing # (9 digits)	
City	State	Zip	18	
Purpose of Wire	2.0.4	1 N S 1	" wind	
Instructions				
	1 T 1 1	5 . LA		
 Security Questions: Please check the a 1. Were you promised a large am 2. Are you wiring funds which we 3. Were you instructed to wire modeling 4. Are you wiring money in respondence of the second secon	nount of money in return re deposited by someour oney in order to claim lo onse to a guaranteed creanse to an internet or pho- cone you don't know? sipate in a foreign lottery	n for sending this wire? ne you do not know? ttery or prize money? edit card or loan offer? one offer?	YesNo YesNo YesNo YesNo YesNo YesNo YesNo	
I authorize you to debit my account ind	icated above for the am	ount of the wire transfer	plus the fee.	
Authorized Signature		Date		
			1	
or Financial Institution Use Only: Account Debited OFAC Scan				
Completed By:		Date:		
Verified By:		Date:		