

Wire cutoff is 4:00pm daily. Wire requests received after this time will be processed the following business day.



27000 Evergreen Road
Lathrup Village, MI 48076
Phone: 248-443-4600, 313-345-7200, 800-664-3828
Fax: 248-443-4298
www.michiganfirst.com

Wire Transfer Request Form

* Required Field

*Account Number:	<input type="text"/>	*Suffix:	<input type="text"/>
*Member Name:	<input type="text"/>		
*Phone Number:	<input type="text"/>	*Contact Number (if different):	<input type="text"/>
Member Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
*Amount:	<input type="text"/>	Written Amount:	<input type="text"/>

Please withdraw the \$25 wire transfer fee (\$50 for international wires) from: ☐ My Account ☐ MoneyPerks Rewards

*Bank's Name:	<input type="text"/>		
*Routing Number:	<input type="text"/>	*Bank's Phone Number:	<input type="text"/>
Bank's Address:	<input type="text"/>		
*City:	<input type="text"/>		
*State:	<input type="text"/>	*Zip Code:	<input type="text"/>
Crediting Bank (if different):	<input type="text"/>	Crediting Bank's account:	<input type="text"/>
*Name to Credit:	<input type="text"/>		
Comments (if any):	<input type="text"/>		
*Account Number:	<input type="text"/>	Phone Number:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>
		*Date:	<input type="text"/>

The Credit Union has no obligation to verify your identity. If such verification cannot be obtained, the Credit Union is not obligated to transfer the funds. By signing this request you acknowledge that the Credit Union does not have an obligation to ensure that the information you provided is correct. If the funds are transferred incorrectly at your request, they cannot be returned and Michigan First Credit Union is not liable for such errors.

*Member Signature _____ Confirm Signature _____

For Credit Union Use Only

Required signature requesting member verification.

Member's Identification Verified By:	<input type="text"/>	Employee #	<input type="text"/>
Forms of Identification (Minimum 2)	<input type="text"/>	OFAC Scan Completed By	<input type="text"/>