



**GCU**

5400 Tuscarawas Rd, Beaver PA, 15009  
P 1.800.722.4428 F 724.495.3421 E info@GCUusa.com

### Wire Transfer Form

**Please Note ALL Required Fields Must Be Completed in Order to Be Processed**

First Name: \_\_\_\_\_ Policy Number\*\* : \_\_\_\_\_

Last Name \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Taxes Withheld: Yes \_\_\_\_ NO \_\_\_\_

Wire Type: Domestic: \_\_\_\_ International: \_\_\_\_

Bank Account Type: Checking: \_\_\_\_ Savings: \_\_\_\_

**Wire Funds To:**

Beneficiary Bank Name \_\_\_\_\_

Beneficiary Bank Address \_\_\_\_\_

Beneficiary Bank Phone No. \_\_\_\_\_

Beneficiary Bank ABA/Routing No. \_\_\_\_\_

Beneficiary Bank Account No. \_\_\_\_\_

Intermediary Institution Name, (If Required) \_\_\_\_\_

Intermediary Institution Address \_\_\_\_\_

Intermediary Institution Phone No. \_\_\_\_\_

Intermediary Institution ABA/Routing No. \_\_\_\_\_

Intermediary Institution Account No. \_\_\_\_\_

Final Credit To - Name of Receiver \_\_\_\_\_

Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_

I hereby authorize GCU to transfer my funds via wire as shown above. I understand that my policy will be debited for the amount I requested plus a \$25.00 wire transfer fee. I understand that domestic wire forms received by 12:00 NOON will be transmitted on the same business day. I understand that forms received after 12:00 NOON will be transmitted the following business day. I understand that GCU cannot control when funds are delivered to the receiving institution.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Processed by: \_\_\_\_\_

Wire date: \_\_\_\_\_

\*\* - Complete a separate request form for each policy number and amount.