



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 \$30.00 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.