



Wire Transfer Request Form

Domestic Only

MEMBER INFORMATION

Account # _____	From Account _____
Member Name _____	
Member Address _____	
Member Phone # _____	Member Cell Phone # _____
Member Email _____	
Amount to Be Sent \$ _____	Funds Verified By: _____ Fee Amount: _____

WIRE TRANSFER INSTRUCTIONS

Receiving Bank Name _____	
Address _____	ABA# _____

FOR FURTHER CREDIT TO (If applicable)

Financial Institution Name _____	
Address _____	ABA# _____

BENEFICIARY INFORMATION — ☐ SELF ☐ LEGAL OWNER ☐ THIRD PARTY

Credit to — Beneficiary's Name _____	
Address _____	Account# _____
Special Instructions _____	

I, hereby authorize Alero Financial to transfer funds by wire as shown above. I understand that my account will be debited for the amount of the wire plus applicable fees. I also understand that when you initiate a wire transfer, you may identify the recipient and any financial institution by name and by account or identifying number. The credit union and any other financial institutions facilitating the transfer may rely strictly on the account or identifying number even if the number identifies a different person or financial institution. I agree to hold Alero Financial harmless if the funds are not received and credited due to incorrect information provided above.

Member's Signature _____ Date _____ Time _____

Complete this form and send to Alero Financial by scanning and emailing to operations@alerofinancial.org, by mailing to Attn: Operations Department, 2075 Big Timber Road, Elgin, IL 60123, or by faxing to (847) 888-6652.

STAFF Use:	Teller # _____	Recv'd:	In Person	Phone	Fax	Mail
	What identification was verified _____		Date _____	Time _____		

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