



3535 Center Point Rd. NE
Cedar Rapids, IA 52402
(319) 395-7060

Quaker Oats Credit Union

Wire Transfer Form

Date: _____

I, _____, wish to wire funds to the following:

Name: _____

Address: _____

Account #: _____ Checking or Savings

Financial Institution: _____

Address: _____

Phone #: _____

ABA #: _____

The amount to be wired is \$ _____. I have been advised of all the charges in the amount of \$ 15.00.

I have read the above information and attest that it is true and correct. I agree to hold Quaker Oats Credit Union "hold harmless" for any misinformation resulting in the funds not being properly credited.

Cutoff time for wiring funds is 1:00 PM Central Time Zone.

Name: _____

Picture ID: _____

Account #: _____

Witness: _____

Credit Union Staff or (Notary)

Journal Voucher #: _____

Corp. Central Verification #: _____