



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:

Receiver's Name: _____

Account #: _____ Checking or Savings

Address: _____

Reference: _____

Financial Institution: _____

Address: _____

Wiring ABA #: _____

The amount to be wired is \$ _____. I have been advised of all the charges in the amount of \$25.00 .

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 12:00 pm Central Time Zone

Name: _____

Picture ID: _____

Account #: _____

Witness: _____

(Notary)

Address: _____

2nd Witness: _____

Corp. Central Verification #: _____