

NGFCU WIRE INSTRUCTIONS

To help the funds from your wire transfer be successfully deposited into an NGFCU account, please complete the information below and provide this document to the institution initiating the wire transfer.

RECEIVING INSTITUTION NAME:			
ROUTING NUMBER:			
AMOUNT TO DEPOSIT:			
DEPOSITING ACCOUNT NUMBER (Full acco	unt number):		
DEPOSITING ACCOUNT TYPE (Select one):	Checking/Draft	Savings	
ACCOUNT OWNER'S NAME			
(As it appears on their NGFCU statement):			
ACCOUNT OWNER'S PHYSICAL ADDRESS	5:		
BENEFICIARY REFERENCE(Optional: Ag	ld a brief note for the wire tr	ansfer)	

NGFCU'S PHYSICAL ADDRESS:

