



Complete and fax this form to Brokaw Credit Union at 715-675-5511

Member Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Member account number \_\_\_\_\_

Checking or Savings? \_\_\_\_\_

Amount to Wire \$ \_\_\_\_\_

Wire to the following institution \_\_\_\_\_

at City, State, Zip \_\_\_\_\_

9 -digit ABA Routing # \_\_\_\_\_

Name to credit to \_\_\_\_\_

Account # to be credited \_\_\_\_\_

Name for final credit \_\_\_\_\_

Final credit amount \_\_\_\_\_

\_\_\_\_\_  
Member Signature

Date

**Our Mailing Address**

Brokaw Credit Union  
PO Box 151  
Brokaw, WI 54417-0151  
tel: 715-675-2319  
fax: 715-675-5511