



Funds / Wire Transfer Request

The following information is needed to **RECEIVE** a Wire Transfer:

Amount:	
Receiving Institution name:	FIRST CAROLINA CORPORATE CREDIT UNION 7900 Triad Center Dr Suite 410, Greensboro, NC 27409
Receiving Institution ABA Number:	253184317
Beneficiary Institution Name:	CAROLINA COLLEGIATE FEDERAL CREDIT UNION 4480 Rosewood Drive, Columbia SC 29209
ABA Number:	253978824
Beneficiary Name:	
Beneficiary Account Number:	

The following information is needed to **SEND** a Wire Transfer:

Receiving Institution Name & Address:	
Receiving Institution ABA Number:	
Credit to Account Number:	
Name & Address on Account:	
Amount:	

Special Instructions:	
Signature:	

IN-OFFICE USE ONLY	
Processed by _____	Date _____

Mail or deliver to:

4480 Rosewood Drive, Columbia, SC 29209
 710 Pulaski Street, Columbia, SC 29201
 University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303