

HTM CREDIT UNION

WIRE INSTRUCTIONS

Member Name: _____

Account withdrawn from: _____

Date: _____

Amount to be wired: \$ _____

Receiving Institution: **Eascorp**

35 Corporate Dr. Burlington, MA 01803

Receiving Institution's ABA #: **211391773**

Intermediary Financial Institution: **HTM CREDIT UNION**

Intermediary Financial Institution's ABA #: **211383341**

Name of Wire Recipient: _____

Recipients Financial Institution: _____

Recipients account number: _____

Recipient's Address: _____

Memo: _____

Print Name: _____

Signature: _____