NIZARI
PROGRESSIVE FEDERAL CREDIT UNION
11770 University Blvd
Sugar Land, Texas 77478
281-921-8500 • Fax: 281-921-8550
www.nizaricu.org

FUND/WIRE TRANSFER REQUEST

IMPORTANT INFORMATION - This document supports consumer domestic transfers, business domestic transfers, and business international transfers. This document will also support consumer international transfers that are not deemed remittance transfers.

☐ One Time   ☐ Subject to Fund/Wire Transfer Agreement

SENDER / PAYER INFORMATION

Name:_____

Address: _____

City, State, Zip:_____

Day Phone No: _____

Transfer Amount: $ _____

Domestic Wire Fee: $15.00

Debit Account type: ☐ Savings   ☐ Checking

Special Payment Instructions from Sender: _____
_____

RECIPIENT/PAYEE INFORMATION

Name:_____

Address: _____

City, State, Zip:_____

Country:_____

Account No. or IBAN:_____

Special Identifier of Recipient: _____

SSN: _____ TIN:_____

DL#:_____

RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:_____

Address: _____

City, State, Zip:_____

ABA Routing/Transit No: _____

Swift/Sort Code: _____

Branch Information:_____

Special Routing Instructions: _____

INTERMEDIARY FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:_____

Address: _____

City, State, Zip:_____

ABA Routing/Transit No: _____

Swift/Sort Code: _____

Branch Information:_____

Special Routing Instructions: _____

ACCOUNT OWNER(S) MAILING NAME AND ADDRESS:

MEMBER NO:

You may identify the payee or any financial institution by name and by account number or other appropriate identifier. The Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. Fund/wire transfers may be governed under Regulation E or the Uniform Commercial Code (UCC), Article 4A, dependent upon the nature of the transaction. If a wire transfer is cleared through the Federal Reserve, the transaction will also be governed by Regulation J.

ACCOUNT OWNER AUTHORIZED PERSON SIGNATURE	DATE
X	

INTERNAL USE ONLY

Member Confirming Funds Transfer Request:
_____

Transfer requested via _____
Date and time of request:_____
Primary ID _____ ID Number _____
ID issuer _____ ID issue date _____
ID Expiration date _____
Debit Account type: ☐ Savings   ☐ Checking
Available Balance $ _____
Processed by:_____
OFAC Verification by:_____
Special Instructions: _____

Security Method Used:_____

Date and Time:_____

Processed By:_____
Name _____ Signature:_____

Employee Performing Callback:_____
Phone No. Used for Callback:_____
Source/Verification of Secure Telephone No:
_____

Member Cancelling Request:
_____

Cancel Date: _____

Processed By:_____

Operations Supervisor Verification:
Signature:_____
Date:_____ Time:_____

Dual Accounting Verification:
1st Name:_____ Signature:_____
Date:_____ Time:_____
2nd Name:_____ Signature:_____
Date:_____ Time:_____