

**NIZARI**PROGRESSIVE FEDERAL
CREDIT UNION11770 University Blvd.
Sugar Land, Texas 77478
281-492-1850 • Fax: 281-921-6650
www.nizarifcu.org**IMPORTANT INFORMATION** - This document supports consumer and business domestic 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:

**FUND/WIRE TRANSFER
REQUEST**

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: _____**LOANLINER**