



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

Member No: _____

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 Transfer ☐ Recurring Transfer ☐ Subject to Funds/Wire Transfer Agreement

ORIGINATOR/PAYER INFORMATION

Name: _____
Address: _____
City, State, Zip: _____ Country Code: _____
Account No: _____ Day Phone No: _____
Transfer Amount: \$ _____ Purpose of Transfer: _____
Domestic Wire Fee: \$20.00 Debit Account type: ☐ Savings ☐ Checking
Special Payment Instructions: _____

BENEFICIARY/PAYEE INFORMATION

Name: _____
Address: _____
City, State, Zip: _____ Country Code: _____
Account No or IBAN: _____ Currency Type: _____
Special Identifier of Beneficiary: SSN: _____ TIN: _____ ID No: _____

BENEFICIARY/PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____
Address: _____
City, State, Zip: _____ Country Code: _____
ABA Routing Transit No: _____ Swift/BIC Code: _____ Branch Information: _____
Special Routing Instructions: _____

INTERMEDIARY FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____
Address: _____
City, State, Zip: _____ Country Code: _____
ABA Routing Transit No: _____ Swift/BIC Code: _____ Branch Information: _____
Special Routing Instructions: _____

AUTHORIZATION

You authorize the Credit Union to transfer funds as described herein and debit your account for the amount of the fund/wire transfer plus applicable charges. You may identify the beneficiary/payee or any financial institution by name and by account number or other appropriate identifier. The Credit Union (and other financial institutions) may rely on the account or other identifying number you provide as the proper identification, even if it identifies a different party or financial institution. Fund/wire transfers may be governed under Regulation E or Article 4A of the Uniform Commercial Code depending on 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: <input type="checkbox"/> Savings <input type="checkbox"/> 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: _____



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