

FUND/WIRE TRANSFER REQUEST

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:

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: _____

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