

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

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 International Wire Fee: \$35.00			
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:			
CURRENCY INFORMATION			
Currency Type:			
ACCOUNT OWNER(S) MAILING NAME AND ADDRESS:			

Fund/Wire Transfer Request

Member No:		
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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 Fund	ds Transfer Request:			
Transfer requested via				
Date and time of request				
Primary ID	ID Number			
ID issuer	ID issue			
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 Ca	allback:			
Phone No. Used for Calll	back:			
Source/Verification of Se	cure Telephone No:			
Member Cancelling Requ	uest:			
Cancel Date:				
Processed By:				
Operations Supervisor V	erification:			
Signature:				
Date:	Time:			
Dual Accounting Verifica	tion:			
_				
1st Name:				
1st Name: Date:	Time:			
1st Name: Date: 2nd	Time: Signature:			



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