



**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 International Wire Fee: \$40.00 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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City, State, Zip: \_\_\_\_\_ Country Code: \_\_\_\_\_

Account No: \_\_\_\_\_ Day Phone No: \_\_\_\_\_

Transfer Amount: \$ \_\_\_\_\_ Purpose of Transfer: \_\_\_\_\_

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: \_\_\_\_\_

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Account Owner/Authorized Person Signature	Date
<b>X</b>	