

Wire Transfer Request

Sender Information

Name: _____ Account Number: _____ Sav Checking

Transfer Amount: \$ _____ Day Phone Number: _____

Address (No PO Boxes Accepted): _____

City/State/Zip: _____

Recipient Information

Name: _____ Account Number: _____

Special Identifier of Recipient (i.e. Social Sec. Number, DL#): _____

Address (No PO Boxes Accepted): _____

City/State/Zip: _____

Receiving Financial Institution Information

Name of Financial Institution: _____

ABA Routing Number: _____

Address (No PO Boxes Accepted): _____

City/State/Zip: _____

To Further Credit (If Applicable): Name of Financial Institution: _____

ABA Routing Number: _____

Address (No PO Boxes Accepted): _____ City/State/Zip: _____

You may identify the payee or any financial institution by name and by account number (or ABA routing number). The credit union (and other institutions) may rely on the member or other identifying number as the proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize the credit union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges.

Reason for Wire Transfer (Required): _____

X

Account Owner Signature

Date

FOR CREDIT UNION USE ONLY: Transfer Date/Time: _____ Verification Number: _____

Request Taken By: _____ Instant OFAC Check: Passed Failed Fees: Domestic \$15.00