

FUNDS/WIRE TRANSFER REQUEST

One Time Subject to Funds/Wire Transfer Agreement

SENDER / PAYER INFORMATION

Name: _____
 Address: _____
 City, State, Zip: _____
 Day Phone No: _____
 Transfer Amount: \$ _____
 Special Payment Instructions from Sender: _____

RECIPIENT/PAYEE INFORMATION

Name: _____
 Address: _____
 City, State, Zip: _____
 Country: _____
 Account No: _____
 IBAN No: _____
 Special Identifier of Recipient: SSN: _____
 TIN: _____ DL#: _____

RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION

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

INTERMEDIARY FINANCIAL INSTITUTION

Name of Financial Institution: _____
 Address: _____
 City, State, Zip: _____
 IBAN/Swift Code/Sort Code: _____
 Branch Information: _____
 Special Routing Instructions: _____

CURRENCY INFORMATION

Currency Type: _____

Member No: _____

You may identify the payee or any financial institution by name and by account number (or IBAN/ABA routing number). 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. 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.

X

ACCOUNT OWNER SIGNATURE

DATE

INTERNAL USE ONLY

Member Confirming Funds Transfer Request: _____

Date and Time of Request: _____

Amount of Fee: \$ _____

Identification Used: _____

Method of Transfer: _____

Transaction/Control No: _____

Processed by: _____

Special Instructions: _____

Employee Performing Callback: _____

Phone No. Used for Callback: _____

Source/Verification of Secure Telephone No: _____

Security Method Used: _____

Date and Time: _____

Processed By: _____

Member Cancelling Request: _____

Cancel Date: _____

Processed By: _____

ACCOUNT OWNER(S) MAILING NAME AND ADDRESS:

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X	
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ACCOUNT OWNER SIGNATURE

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CURRENCY INFORMATION

Currency Type: _____

ACCOUNT OWNER(S) MAILING NAME AND ADDRESS:	
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