

FUND/WIRE TRANSFER REQUEST

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

RECIPIENT / PAYEE INFORMATION

Name: _____
 Address: _____
 City/State/Zip: _____
 Country: _____
 Account No: _____
 Special Identifier of Recipient (ie: 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 INFORMATION

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

CURRENCY INFORMATION

Currency Type: _____

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 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. 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.

X _____

ACCOUNT OWNER/AUTHORIZED PERSON 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: _____

OFAC Verification By: _____

Special Instructions: _____

Security Method Used: _____

Date and Time: _____

Processed By: _____

For Callbacks (if applicable):

Employee Performing Callback: _____

Phone No. Used for Callback: _____

Source/Verification of Secure Telephone No: _____

Member Cancelling Request: _____

Cancel Date: _____

Processed By: _____