



FUNDS/WIRE TRANSFER REQUEST FORM

IMPORTANT INFORMATION – This document support consumer domestic transfers, business domestic transfers, and business international transfers. This document will also support consumer international transfers that are not deemed remittance transfers.

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. You authorize the credit union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. By signing below, you authorize the credit union to transfer funds as described herein according to your Funds/Wire Transfer Agreement with the credit union, and to 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.

Originator/Payer Information

Name: _____ Account Number: _____
Physical Address: _____
City/State/Zip _____
Telephone# _____ Alternate # _____
Transfer from: Savings Checking
Special Payment Instructions from Sender: _____

Transfer Amount: \$ _____ Currency Type: _____

X _____
Account Owner Signature Date

Beneficiary/Payee Financial Institution Information

Name of Financial Institution: _____
Address: _____
City, State, Zip: _____
ABA Routing/Transit No: _____
Account No: _____
Name on Account: _____
Physical Address of
Beneficiary _____
City/State/Zip: _____
Swift/Sort Code (International wires only): _____
Deposit to: Savings Checking Loan

Outgoing Wire Fees: \$20.00 (domestic) \$40.00 (international)

Further Credit To: (if applicable)

Name of Financial Institution: _____
Address of Financial Institution _____
City, State, Zip: _____
ABA Routing/Transit No: _____ Account No: _____
Name on Account: _____
Special Instructions: _____

INTERNAL USE ONLY

To be completed by person taking wire request:
Date and Time of Request: _____
Identification Used: _____
Taken By: _____
Special Instruction: _____

To be completed by person processing wire request:
Security Measure Used: _____
Date and Time: _____
Amount of Fee: _____
OFAC Verified _____
Funds Verified _____