



## 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  \_\_\_\_\_