

# 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. Transfers are also governed by your Member Account Disclosure & Agreement.

One Time Domestic     One Time International

MEMBER NO: _____	SUFFIX: _____
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You may identify the payee or any financial institution by name and by account number or other appropriate identifier. 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.

## SENDER / PAYER INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Day Phone No: \_\_\_\_\_  
 Transfer Amount: \$ \_\_\_\_\_  
 Reason/Purpose of Wire: \_\_\_\_\_  
 Special Payment Instructions from Sender/Further Credit To: \_\_\_\_\_

ACCOUNT OWNER/AUTHORIZED PERSON SIGNATURE	DATE
X	

## RECIPIENT/PAYEE INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Account No. or IBAN: \_\_\_\_\_  
 Special Identifier of Recipient: SSN: \_\_\_\_\_  
 TIN: \_\_\_\_\_ DL#: \_\_\_\_\_

## INTERNAL USE ONLY

Member Confirming Funds Transfer Request: \_\_\_\_\_  
 Date and Time of Request: \_\_\_\_\_  
 Amount of Fee: \$ \_\_\_\_\_  
 Identification Used: \_\_\_\_\_  
 Processed by: \_\_\_\_\_  
 OFAC Verification by: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

## RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 ABA Routing/Transit No: \_\_\_\_\_  
 Swift/Sort Code: \_\_\_\_\_  
 Branch Information: \_\_\_\_\_  
 Receiving Financial Institution Account Number at Intermediary Financial Institution: \_\_\_\_\_  
 Special Routing Instructions: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_  
 Debited By: \_\_\_\_\_

For Callbacks (if applicable):  
 Employee Performing Callback: \_\_\_\_\_  
 Phone No. Used for Callback: \_\_\_\_\_

## INTERMEDIARY FINANCIAL INSTITUTION INFORMATION

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

Member Cancelling Request: \_\_\_\_\_  
 Cancel Date: \_\_\_\_\_  
 Taken By: \_\_\_\_\_

## CURRENCY INFORMATION

Currency Type: \_\_\_\_\_

ACCOUNT OWNER(S) MAILING NAME AND ADDRESS:

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One Time

## SENDER / PAYER INFORMATION

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Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Day Phone No: \_\_\_\_\_  
Transfer Amount: \$ \_\_\_\_\_  
Reason/Purpose of Wire: \_\_\_\_\_  
Special Payment Instructions from Sender/Further Credit To: \_\_\_\_\_

## RECIPIENT/PAYEE INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Account No. or IBAN: \_\_\_\_\_  
Special Identifier of Recipient: SSN: \_\_\_\_\_  
TIN: \_\_\_\_\_ DL#: \_\_\_\_\_

## RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
ABA Routing/Transit No: \_\_\_\_\_  
Swift/Sort Code: \_\_\_\_\_  
Branch Information: \_\_\_\_\_  
Receiving Financial Institution Account Number at Intermediary Financial Institution: \_\_\_\_\_  
Special Routing Instructions: \_\_\_\_\_

## INTERMEDIARY FINANCIAL INSTITUTION INFORMATION

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

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ACCOUNT OWNER/AUTHORIZED PERSON SIGNATURE

DATE

X

Supervisor Approval: \_\_\_\_\_

Debited By: \_\_\_\_\_

Taken By: \_\_\_\_\_

ACCOUNT OWNER(S) MAILING NAME AND ADDRESS:

