

# FUND/WIRE TRANSFER REQUEST

**IMPORTANT INFORMATION** - This document supports consumer domestic transfers, business domestic transfers, and business international transfers.

One Time     Subject to Fund/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. 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: \_\_\_\_\_  
 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: \_\_\_\_\_

## CURRENCY INFORMATION

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

MEMBER NO: \_\_\_\_\_

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 as disclosed in the Fee Schedule. 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.

ACCOUNT OWNER/AUTHORIZED PERSON SIGNATURE      DATE

**X**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_

20\_\_\_\_

Notary Public

**Note: Wire requests \$10,000.00 USD and greater MUST have a notarized signature. A copy of a valid state or government issued identification must accompany the wire request.**

## INTERNAL USE ONLY

Member Confirming Funds Transfer Request: \_\_\_\_\_

Date and Time of Request: \_\_\_\_\_

Identification Used: \_\_\_\_\_

Processed by: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Security Method Used: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Processed By: \_\_\_\_\_