Fund/Wire Transfer Request

		Memb	er No:
	his document supports consumer doner international transfers that are no		fers, and business international transfers. This
One-Time Transfer Recu	urring Transfer Subject to Fund	ds/Wire Transfer Agreement	
	ORIGINA	TOR/PAYER INFORMATION	
Name: Address:			
City, State, Zip:			Country Code:
Account No:	Day Phone No:		
Special Payment Instructions:	Purpose of Transfer:		
_		IARY/PAYEE INFORMATION	
Name:			
Address:			
City, State, Zip:			Country Code:
		Currency Type:	
Special Identifier of Beneficiary: S	SN: TIN:	ID No:	
		FINANCIAL INSTITUTION INFORMATION	l
Add1633.			
City, State, Zip: ABA Routing Transit No:	Swift/BIC Code:	Branch Information:	Country Code:
Special Routing Instructions:			
		NANCIAL INSTITUTION INFORMATION	
Name of Financial Institution: Address:			
City, State, Zip:	Swift/BIC Codo:	Branch Information:	Country Code:
Special Routing Instructions:	OWNVDIO COUC.		
		AUTHORIZATION	
You may identify the beneficiary/p financial institutions) may rely on t institution. Fund/wire transfers may a wire transfer is cleared through t	payee or any financial institution by the account or other identifying number by be governed under Regulation E on the Federal Reserve, the transaction	name and by account number or other app ber you provide as the proper identification,	the fund/wire transfer plus applicable charges. ropriate identifier. The Credit Union (and other even if it identifies a different party or financial e depending on the nature of the transaction. If
Account Owner/Authorized Person Signa	lture Date		
	CRE	EDIT UNION USE ONLY	
Member Confirming Request:		ID Used:	
Date/Time of Request:	Amount of Fee:	\$ Method of Transfer:	
Transaction/Control No: OFAC Verification By:	Processed By:		
Special Instructions:			
Security Method Used:	Date a	nd Time:	
Processed By:			
Callback Details Performed By: (if applicable) Source/Verifica	tion of Secure Phone No.		ck Phone No:
Member Cancelling Request:	tion of Secure Phone No:		
Processed By:		Cancer Date	

Fund/Wire Transfer Request

			Member No:		
IMPORTANT INFORMATION - This document will also support consumer i	document supports consum nternational transfers that a	ner domestic transfers, business domestioner not deemed remittance transfers.	c transfers, and business international transfers. This		
One-Time Transfer Recurring	g Transfer	Funds/Wire Transfer Agreement			
ORIGINATOR/PAYER INFORMATION					
Name:					
Address:					
City, State, Zip:			Country Code:		
Account No:	Day Phone No:				
Account No:Transfer Amount: \$	Purpose of Transfer:				
Special Payment Instructions:					
BENEFICIARY/PAYEE INFORMATION					
Name:					
Address:					
			Country Code:		
Account No or IBAN:		Currency Type:			
Account No or IBAN: Special Identifier of Beneficiary: SSN:	TIN	: ID No:			
	BENEFICIARY/PA	YEE FINANCIAL INSTITUTION INFORM	IATION		
Name of Financial Institution:					
Address:					
			Occupation Constru		
City, State, Zip:	0	Branch Information:	Country Code:		
ABA Routing Transit No:	Swift/BIC Code:	Branch Information:			
Special Routing Instructions:					
		Y FINANCIAL INSTITUTION INFORMAT			
Name of Financial Institution:					
Address:					
0:1: 0:1: 7::			Country Code:		
ABA Routing Transit No:	Swift/BIC Code:	Branch Information:			
Special Routing Instructions:					
		AUTHORIZATION			
You may identify the beneficiary/payer financial institutions) may rely on the a institution. Fund/wire transfers may be	e or any financial institution account or other identifying governed under Regulatior	n by name and by account number or oth number you provide as the proper identifi	ount of the fund/wire transfer plus applicable charges. ner appropriate identifier. The Credit Union (and other ication, even if it identifies a different party or financial ial Code depending on the nature of the transaction. If J.		

Account Owner/Authorized Person Signature

X

Date