

Fund/Wire Transfer Request

Member No: _____

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.

☐ One-Time Transfer ☐ Recurring Transfer ☐ Subject to Funds/Wire Transfer Agreement

ORIGINATOR/PAYER INFORMATION

Name: _____
Address: _____
City, State, Zip: _____ Country Code: _____
Account No: _____ Day Phone No: _____
Transfer Amount: \$ _____ Purpose of Transfer: _____
Special Payment Instructions: _____

BENEFICIARY/PAYEE INFORMATION

Name: _____
Address: _____
City, State, Zip: _____ Country Code: _____
Account No or IBAN: _____ Currency Type: _____
Special Identifier of Beneficiary: SSN: _____ TIN: _____ ID No: _____

BENEFICIARY/PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____
Address: _____
City, State, Zip: _____ Country Code: _____
ABA Routing Transit No: _____ Swift/BIC Code: _____ Branch Information: _____
Special Routing Instructions: _____

INTERMEDIARY FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____
Address: _____
City, State, Zip: _____ Country Code: _____
ABA Routing Transit No: _____ Swift/BIC Code: _____ Branch Information: _____
Special Routing Instructions: _____

AUTHORIZATION

You authorize the Credit Union to transfer funds as described herein and debit your account for the amount of the fund/wire transfer plus applicable charges. You may identify the beneficiary/payee or any financial institution by name and by account number or other appropriate identifier. The Credit Union (and other financial institutions) may rely on the account or other identifying number you provide as the proper identification, even if it identifies a different party or financial institution. Fund/wire transfers may be governed under Regulation E or Article 4A of the Uniform Commercial Code depending on 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	

CREDIT UNION USE ONLY

Member Confirming Request: _____	ID Used: _____
Date/Time of Request: _____	Amount of Fee: \$ _____
Transaction/Control No: _____	Method of Transfer: _____
OFAC Verification By: _____	Processed By: _____
Special Instructions: _____	
Security Method Used: _____	Date and Time: _____
Processed By: _____	
Callback Details (if applicable): _____	Performed By: _____
	Source/Verification of Secure Phone No: _____
	Callback Phone No: _____
Member Cancelling Request: _____	Cancel Date: _____
Processed By: _____	

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