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 **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. 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. that are not deemed remittance transfer's. ☐ Subject to Fund/Wire Transfer Agreement **SENDER / PAYER INFORMATION** Name:____ Address: ___ City, State, Zip: Day Phone No: Transfer Amount: \$ ___ Special Payment Instructions from Sender: _____ ACCOUNT OWNER/AUTHORIZED PERSON SIGNATURE **RECIPIENT/PAYEE INFORMATION** X Name:____ Address: INTERNAL USE ONLY City, State, Zip: Member Confirming Funds Transfer Request: Country: Account No. or IBAN: Date and Time of Request: _____ Special Identifier of Recipient: SSN: _____ Amount of Fee: \$___ Identification Used: DL#: TIN: RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION Method of Transfer: Transaction/Control No: Name of Financial Institution: Address: _____ Processed by: City, State, Zip:____ OFAC Verification by: ABA Routing/Transit No: _____ Special Instructions: Swift/Sort Code: _____ Branch Information: _____ Security Method Used:____ Special Routing Instructions: _____ Date and Time: Processed By: _____ INTERMEDIARY FINANCIAL INSTITUTION INFORMATION For Callbacks (if applicable): Name of Financial Institution: Employee Performing Callback: Address: City, State, Zip: Phone No. Used for Callback: ABA Routing/Transit No: Source/Verification of Secure Telephone No: Swift/Sort Code: Branch Information: Member Cancelling Request: Special Routing Instructions: Cancel Date: CURRENCY INFORMATION Processed By: _____

Currency Type:____

ACCOUNT OWNER(S) MAILING NAME AND ADDRESS:

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☐ 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

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ACCOUNT OWNER/AUTHORIZED PERSON SIGNATURE	DATE
X	

Currency Type:_

ACCOUNT OWNER(S) MAILING NAME AND ADDRESS: