

Member Number:

# Wire Transfer Request

Date:	Time of Request:
Amount of Transfer: \$	Fee Amount:

## Sender/Payer Information

Name:	
Physical Address:	City/State/Zip:
Country:	OFAC Score:
Account to be Debited:	Daytime Phone #:

## Recipient Financial Institution

Financial Institution Name:	
Physical Address:	City/State/Zip:
Country:	OFAC Score:
ABA/SWIFT/Transit or Sort Code:	

## Further Credit

Name:	
Physical Address:	City/State/Zip:
Country:	OFAC Score:
Account Number:	IBAN:

## Recipient/Payee Information

Name:	
Physical Address:	City/State/Zip:
Country:	OFAC Score:
Account Number:	IBAN:

## Signature

You may identify the payee or any financial institution by name and by account number (or by ABA routing number). The Credit Union (and other institutions) may rely on the member or other identifying number as the proper identification, even if it identifies a different party or institution. By signing below you agree that all information contained in the Funds/Wire Transfer Request is correct. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges.

Member/Owner(print name)	Title(if applicable)	Signature	Date
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## **For Credit Union Use Only**

<b>Section A - To be completed by Branch personnel</b>			
Request Received:	Choose One	Received by:	Cash Box #:
Security Measures:	Choose One		
Call Back Procedure			
Security Measures Performed by:		Cash Box Number:	Date:12/10/2015 Time: 12:17:12 PM
Valid Funds/Wire Transfer Agreement On File:			
Funds/Wire Transfer Agreement Effective Date:		Agreement Expiration Date:	
Account/GL entry Completed By:			
<b>Section B - To be completed by Accounting Personnel</b>			
Open Door Entry Completed By:		Date:	Time:
Open Door Entry Verification Completed By:		Date:	Time: