

FUNDS/WIRE TRANSFER REQUEST

One Time Subject to Funds/Wire Transfer Agreement

SENDER / PAYER INFORMATION

Name: _____ Day Phone No: _____
Address: _____ Transfer Amount: \$ _____
City/State/Zip: _____
Special Payment: _____
Special Payment Instructions from Sender: _____

RECIPIENT / PAYEE INFORMATION

Name: _____
Address: _____
City/State/Zip: _____
Account No: _____
Special Identifier of Recipient (ie: SSN, TIN, DL#): _____

RECIPIENT / PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____
Address: _____
City/State/Zip: _____
ABA Routing/Transit No: _____
Branch Information: _____
Special Routing Instructions: _____

ACCOUNT OWNER(S), MAILING NAME AND ADDRESS:

Member No: _____

You may identify the payee or any financial institution by name and by account number (or 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. 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.

X

Account Owner

Date

INTERNAL USE ONLY

Date and Time of Request: _____
Amount of Fee: _____
Identification Used: _____
Method of Transfer: _____
Transaction/Control No: _____
Processed By: _____
Special Instructions: _____

Security Method Used: _____
Date and Time: _____
Processed By: _____

Cancel Date: _____
Processed By: _____