

FUNDS/WIRE TRANSFER REQUEST

Member No: _____

One Time Subject to Funds/Wire Transfer Agreement

SENDER / PAYER INFORMATION

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

You may identify the payee or any financial ABA routing number). The Credit Union (and other institutions) may rely On the member 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.

RECIPIENT/PAYEE INFORMATION

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

Account Owner _____ Date _____

RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION

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

INTERNAL USE ONLY

Date and Time of Request: _____
Amount of Fee: \$ _____
Identification Use: _____
Method of Transfer: _____
Transaction/Control No: _____
Processed by: _____
Special Instructions: _____
Security Method Used: _____
Date and Time: _____
Processed By: _____
Cancel Date: _____
Processed By: _____

PURPOSE OF THE WIRE: _____

ACCOUNT OWNER(S) MAILING NAME AND ADDRESS:

CREDIT UNION

PROCESSOR: PART 1 OF 1:

DATE/TIME: _____
PROCESSOR: PART 2 OF 2

DATE/TIME: _____

