



WIRE TRANSFER REQUEST

Member Number:

Date:

Amount of Transfer:

Purpose of Wire

Time of Request:

Fee Amount:

Sender/Payer Information

Name:

Physical Address:

Country:

Account to be Debited:

City/State/Zip:

Daytime Phone #:

Recipient Financial Institution

Financial Institution Name:

Physical Address:

Country:

ABA/SWIFT/Transit or Sort Code:

City/State/Zip:

Intermediary Financial Institution (if applicable)

Name:

Physical Address:

Country:

Account Number:

City/State/Zip:

IBAN:

Recipient/Payee Information

Name:

Physical Address:

Country:

Account Number:

City/State/Zip:

IBAN:

You may identify the payee or 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 this 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)

Title

Signature

Date

For Credit Union Use Only

Request Received by:

Method Received (i.e. In person, Phone, etc):

Date Received:

WireXchange Entry By:

Date Entered in WireXchange:

Time Entered in WireXchange: