

WIRE TRANSFER REQUEST

Date: Information Date: Financial Institution 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: Name: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Name: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Name: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Name: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Name: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Name: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Name: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Name: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Name: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Mame: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Mame: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Mame: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Mame: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Mame: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Mame: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Mame: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Mame: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Mame: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Mame: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Mame: Physical Address: City/State/Zip: Country: OFAC Sc	Member Number:			
Amount of Transfer:	Date:	Time of Request:		
Sender/Payer Information Name: Physical Address: City/State/Zip: Country: OFAC Score: Account to be Debited: Daytime Phone #: Recipient Financial Institution Recipient Financial Institution Financial Institution Name: Physical Address: City/State/Zip: Country: OFAC Score: AdA/SWIFT/Transit or Sort Code: Interfere Credit Name: Physical Address: City/State/Zip: Country: OFAC Score: AdA/SWIFT/Transit or Sort Code: Interfere Credit Name: Physical Address: City/State/Zip: Country: OFAC Score: Account Number: IBAN: Signature Vou 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 tranfer 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.				
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Member/Owner (print name) Title(if applicable) Signature Date	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				
Member/Owner (print name) Title(if applicable) Signature Date				
	Member/Owner (print name)	Title(if applicable) Sign	ature Date	
For Credit Union Line Only		For Credit Union Use Only		
For Credit Union Use Only	Designed Designed have	For Credit Union Use Uniy		
Request Received by:		-)		
Method Received (i.e. In person, Phone, etc):				
Date Received:	Date Received:			
WireXchange Entry By:	WireXchange Entry By:			
Date Entered in WireXchange:				
Time Entered in WireXchange:				

Purpose for Wire