

DOMESTIC WIRE TRANSFER INFORMATION

Date:		Wire Amount: \$		Wire Fee: \$		****Gividends**** Advantage & Premier Members get a discounted fee	
Member Number:	Savings Suffix:	Checking Suffix:	Will this be a Recurring Wire Transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Code Word: (for Recurring)		

Member Information (Originator)

Name				Daytime Phone			
Mailing Address: (NO P.O. Boxes) Street			City		State		Zip

Receiving Financial Institution

Financial Institution Name:		ABA/Routing #: (9 digits)					
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Intermediate Financial Institution (If any)

Financial Institution Name:				ABA/Routing/Account #:			
Mailing Address: Street			City		State		Zip

**Beneficiary Financial Institution/Company Name
(Where the Beneficiary will receive the funds if other than the receiving institution)**

Financial Institution/Company Name:		ABA/Routing/Account #:					
Mailing Address: (NO P.O. Boxes) Street			City		State		Zip

Beneficiary

Beneficiary Name:							
Mailing Address: (NO P.O. Boxes) Street			City		State		Zip
Account Number:				Savings:		Checking:	

Special Instructions:

Member Acknowledgements

Member must initial that they have read and understand each statement:
 I acknowledge that I am responsible for providing accurate wiring instructions. The credit union may not have a relationship with intended account holder and cannot research or confirm the validity of the information provided.
 I hereby request that the Credit Union initiate the above wire transfer. I understand and have agreed to the terms of the Wire Transfer Request Agreement (also to be used for subsequent wire transfer requests) between myself and the Credit Union. I realize that requested wire transfers which are received by the Credit Union later than 4:45 p.m. for domestic wires and 3:45 p.m. for international wires will be completed the following business day.

Member's Signature:

ID Type:	ID Number:	Exp. Date:	Verified By:
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*****DON'T BE A VICTIM*****

Due to recent internet fraud and email hacking, we are hereby advising all of our members that for your protection, please call a good known contact number to verify any and all wire instructions you receive **BEFORE** initiating a wire. The credit union or its affiliates will not be held liable if you become a victim of this fraud.

This Section to be Completed by the Credit Union

Employee Signature:			Date:		
OFAC Scan Completed By:		Date:	Funds Withdrawn By:		Date:
Call Back Verification (Request in Person or by Phone-Recurring only ≥ \$5,000 Fax/Mail/Email ≥ \$3,000) Completed By:					Date:
Wire Sent By:		Date:	Confirmed By:		Date:

*For Recurring Wires: Keep the original on file and send a copy of the form for wire processing