

Name:

Fund/Wire Transfer Request

Member No:

IMPORTANT INFORMATION - This document supports consumer domestic transfers, business domestic transfers, and business international transfers. This document will also support consumer international transfers that are not deemed remittance transfers.

One-Time Transfer Recurring Transfer Subject to Funds/Wire Transfer Agreement

ORIGINATOR/PAYER INFORMATION

Address:					
City, State. Zip:			Country Code:		
City, State, Zip:	Day Phone No:				
Transfer Amount: \$	Purpose of Transfer:				
Special Payment Instructions:	- '				
	BENEI	FICIARY/PAYEE INFORMATION			
Name:					
Address:					
City State Zin:			Country Code:		
Account No or IBAN: Special Identifier of Beneficiary: SSN:	TIN:	ID No:			
		EE FINANCIAL INSTITUTION INFORMATION			
Name of Financial Institution:					
City, State, Zip:			Country Code:		
ABA Routing Transit No:	Swift/BIC Code:	Branch Information:			
Special Routing Instructions:					
	INTERMEDIARY	FINANCIAL INSTITUTION INFORMATION			
Name of Financial Institution: Address:					
			Country Code:		
ABA Routing Transit No:	Swift/BIC Code:	Branch Information:	000000		
Special Routing Instructions:					
AUTHORIZATION					

You authorize the Credit Union to transfer funds as described herein and debit your account for the amount of the fund/wire transfer plus applicable charges. You may identify the beneficiary/payee or any financial institution by name and by account number or other appropriate identifier. The Credit Union (and other financial institutions) may rely on the account or other identifying number you provide as the proper identification, even if it identifies a different party or financial institution. Fund/wire transfers may be governed under Regulation E or Article 4A of the Uniform Commercial Code depending on the nature of the transaction. If a wire transfer is cleared through the Federal Reserve, the transaction will also be governed by Regulation J.

Account Owner/Authorized Person Signature	Date
x	

CREDIT UNION USE ONLY						
Member Confirming Request:		ID Used:				
Date/Time of Request:	Amount of Fee: \$	Method of Transfer:				
Transaction/Control No:	Processed By:					
OFAC Verification By:						
Special Instructions:						
Security Method Used:	Date and Time:					
Processed By:						
Callback Details Performed By		Callback Phone No:				
(if applicable) Source/Verific	cation of Secure Phone No:					
Member Cancelling Request:		Cancel Date:				
Processed By:						



Name:

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ORIGINATOR/PAYER INFORMATION

Address:			
			Country Code:
City, State, Zip:	Day Phone No:		
Transfer Amount: \$	_ Day I hole No		
Special Payment Instructions:			
	BENEF	ICIARY/PAYEE INFORMATION	
Name:			
Address:			
			Country Code:
City, State, Zip:		Currency Type:	
Account No or IBAN: Special Identifier of Beneficiary: SSN:	TIN	Currency Type: ID No:	
	1114.	18 10:	
	BENEFICIARY/PAYE	E FINANCIAL INSTITUTION INFORMATION	
Name of Financial Institution:			
Address:			
City, State, Zip: ABA Routing Transit No:			Country Code:
ABA Routing Transit No:	Swift/BIC Code:	Branch Information:	
Special Routing Instructions:			
	INTERMEDIARY	FINANCIAL INSTITUTION INFORMATION	
Name of Financial Institution:			
Address:			
			Country Code:
City, State, Zip:ABA Routing Transit No:	Swift/BIC Code:	Branch Information:	
Special Routing Instructions:		Branch Information:	
		AUTHORIZATION	
You authorize the Credit Union to tra	nsfer funds as described ber	and debit your account for the amount of the	fund/wire transfer plus applicable charges

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Account Owner/Authorized Person Signature	Date
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