



Wire Transfer Request

Date: _____

Wire Type: International Purpose of Wire: _____
(Select One) (Required for International wire)
 Domestic Repetitive (Member must provide additional info, e.g. dates) Amount: \$ _____

Sender's Information (FHCU Member's Information)

Member Account Number _____ Member Name: _____

Address: _____
(Physical address only, no P.O. Box)

Daytime Telephone Number: _____ Cell: _____

Beneficiary's Bank Information

ABA or Routing Transit Number _____
(Required for Domestic wires only)

SWIFT Code _____ IBAN Number _____
(Required for International wires only) (Required for International wires only)

Institution Name _____

Institution Address _____

Reference or Instructions

Beneficiary's (Receiver's) Information

Beneficiary Name: _____

Account Number: _____ Beneficiary Address: _____

Disclosure and agreement: The Credit Union may charge your account for the amount of the funds transfers and fees associated of any funds transfer initiated by you or by any person authorized by you as a joint tenant or other authorized party with the right of access to the account from which the funds transfer is to be made. You may identify the payee or any financial institution by name and by account number (or ABA routing number). The Credit Union (and other institutions) may rely on the account or other identifying numbers as the proper identification, even if it identifies a different party or institution. If the wire is cleared through the Federal Reserve, Regulation J governs the transaction. The Credit Union may establish or change cut-off times for the receipt and processing of funds transfer requests, amendments or cancellations. Unless other times are posted for various types of funds transfers, the cut-off time will be 9:00am to 1:00pm on each business day for domestic wires, and 9:00am to 11:00am on each business day for international wires. If you give the Credit Union a payment order which identifies the beneficiary recipient of the funds, by both name and identifying account number, payment may be made by the beneficiaries financial institution on the basis of the identifying or account number, even if the number identifies a person different than the named beneficiary. This means that the Credit Union is not liable for incomplete funds transfer based on the any and all information you provided. If you give the Credit Union a payment order which identifies an intermediary or beneficiary's financial institution by both name and an identifying number, a receiving financial institution may rely on the number as the proper identification even if it identifies a different person than the named bank. This means that you will be responsible for any loss or expenses incurred resulting from inaccurate of incomplete information you provided to execute or attempt to execute the payment. You agree that any incomplete, inaccurate or illegible information may result in non-transfer of funds and you may incur a cost as a result.

Member's Signature _____ Date _____

For Internal Use Only: Teller # & Initial: _____ Time Taken _____

Type of ID Verified: _____ ID # _____