



Wire Transfer Request

Date: _____

Wire Type: International Purpose of Wire: _____
Domestic Amount: \$ _____
Repetitive (Additional info. needed)

Sender: AHCU Member Information

Account Number: _____ Name: _____ Email: _____
Address: _____
(Physical address only, no P.O. Box)
Phone Number: _____

Beneficiary: Bank Information

ABA or Routing Transit Number: _____
SWIFT Code: _____ IBAN Number: _____
Required for International wires only *Required for International wires only*
Financial Institution Name: _____
Address: _____
Reference/ Instructions: _____

Beneficiary: Receiver Information

Beneficiary Name: _____ Account Number: _____
Beneficiary Address: _____

Disclosure and agreement: The Credit Union may charge your account for the funds transfer and fees associated with 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 beneficiary's financial institution based on the identifying 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 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 or 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

Taken by Teller #: _____ Teller Initials: _____ Time: _____

Type of ID obtained & number: _____