

Wire Transfer Request

Attention: Physical address only, P.O. Box address NOT acceptable. Wire request must be inked signed and dated.

Accountholder Information

Name: _____	Phone #: _____
Address: _____	
Occupation: _____	
Account #: _____ <input type="checkbox"/> Shares <input type="checkbox"/> Share Draft/Checking <input type="checkbox"/> Other: _____	
Wire Type: <input type="checkbox"/> International <input type="checkbox"/> Domestic <input type="checkbox"/> Repetitive (<i>Additional Information Needed</i>)	
Specific Purpose of wire _____	Wire Fee: \$ _____

Recipient/Beneficiary Information

Recipient/Beneficiary Name: _____	
Address: _____	
Account #: _____	Instructions: _____

Recipient/Beneficiary Financial Institution Information

Bank Name: _____	ABA/Routing # _____
Bank Address: _____	
Other Reference: _____	
SWIFT Code: * _____	IBAN Number: * _____
<i>Required for International wires only</i>	<i>Required for International wires only</i>

Other/Intermediary Financial Institution Information

Intermediary Bank Name: _____
Intermediary Bank Address: _____

Disclosure and agreement: Your account will be debited for the fees associated with this wire transfer request. If the wire is cleared through the Federal Reserve, Regulation J governs the transaction. The cut-off time for wires will be 1:00pm on each business day. 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 other than the named beneficiary. The Credit Union is not liable for incomplete funds transfer based on the 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 at the named bank. You agree that the credit union will not be responsible for any loss, or expenses incurred resulting from inaccurate or incomplete information you provided to execute or attempt to execute the wire transfer. You agree that any incomplete, inaccurate or illegible information may result in non-transfer of funds, and you may incur a cost/fee as a result.

Account Owner's Signature: _____ Date: _____

For Internal Use Only		
Taken by Teller # & Initials: _____	Time: _____	Type of ID: _____
ID number: _____		