

Wire Transfer Information



DATE	TIME	EMPLOYEE	
WIRE INITIATED	<input type="checkbox"/> In Person	<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax Email
	<input type="checkbox"/> Other (SPECIFY):		

Member Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____ Member Number _____
 Member signed funds transfer agreement and notice: Yes

IDENTIFICATION METHODS USED

<input type="checkbox"/> Photo ID Used:	<input type="checkbox"/> Personal Password:
<input type="checkbox"/> Date Joined:	<input type="checkbox"/> Date of Birth:
<input type="checkbox"/> Social Security Number:	<input type="checkbox"/> Last Deposit:
<input type="checkbox"/> Last ATM Transaction:	<input type="checkbox"/> Approx. Acct. Balance:
<input type="checkbox"/> Signature Verification:	<input type="checkbox"/> Other (SPECIFY):
Amount of Wire: _____	Fee Amount: _____

WIRE TO INFORMATION

Financial Institution Name _____
 ABA #/Sort Code/Swift #/IBAN: _____
 City _____ State _____
 Further Credit _____
 ABA #/Sort Code/Swift #/IBAN: _____

DEPOSIT TO THE ACCOUNT OF

Name _____
 Address _____
 City _____ State _____ Zip _____
 Account Number: _____ Checking Savings
 Reference or FBO: _____
 Purpose: _____
(Required for international wires)

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

Member's Signature _____ Date _____

FOR ACCOUNTING USE ONLY

<input type="checkbox"/> Checked OFAC on Sender	<input type="checkbox"/> Checked OFAC on Receiver
<input type="checkbox"/> Checked OFAC on Other Parties (www.ustreas.gov/ofac)	
Call Back Initiated By: _____	Source of Call Back Phone #: _____
Call Back Phone Number: _____	Date & Time: _____
Name of Member Confirming Request: _____	
Method Used to ID Member: _____	