



Funds/Wire Transfer Request Form

SENDER / PAYER INFORMATION

Name _____ Account # _____
 Address _____ Transfer Amount \$ _____
 City, State, Zip _____ Day Phone # _____
 Special Payment _____
 Instructions From Sender _____

RECIPIENT / PAYEE INFORMATION

Name _____
 Address _____
 City, State, Zip _____
 Account number _____
 Special Identifier of Recipient (ie. SSN, TIN, DL#) _____

RECIPIENT / PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution _____
 Address _____
 City, State, Zip _____
 ABA Routing / Transit Number _____
 Branch Information _____
 Special Routing Instructions _____

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 number as the proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges.

X _____
 Account Owner

INTERNAL USE ONLY

Date & Time of Request _____
 Amount of Fee _____
 Identification Used _____
 Method of Transfer _____
 Transaction / Control Number _____
 Processed by _____
 Special Instructions _____

