



Domestic Wire Transfer Request

Wire Amount \$ _____ + \$20.00 fee

Deadline: 1:30 pm

Bank Information

Receiving Financial Institution (FI) Routing/ABA No.: _____
Receiving FI name: _____

Originator/Member Information

Originator Account #: _____ Share Type: _____
Originator First & Last Name: _____
Originator Street Address: _____
Originator City, State, Zip _____
Originator Day time call back Phone No. _____

Beneficiary Information

Beneficiary's Account #: _____
Beneficiary's Name: _____
Beneficiary's Address: _____

Third Party or Intermediary FI (if applicable)

Routing/ABA#: _____ Account #: _____
Name: _____
Address: _____

Additional Information, Special Instructions, Escrow #, Other

Purpose of wire: _____

By signing this form you acknowledge that you have provided the above information and it is correct to the best of your knowledge. You understand that once the wire is executed the wire cannot be stopped or canceled. This wire transfer is subject to the Membership and Account Agreement

Originator's Signature _____ Date _____

FOR CREDIT UNION USE ONLY

Request Taken by: _____
Date/Time: _____
Type of ID _____
ID # _____

If wire received by fax/email
 ID Received
 Signature verified
 Phone number verified

Call Back by: _____
Type of Identification:
 Code Word SSN DOB
 MMN Loans
 Other _____

If over \$5,000.00 & faxed/emailed called back by:
Supervisor: _____
Date/Time: _____

OFAC completed

TranZact
Wire entered by: _____

\$2,500.00 + doubled by: _____

TranZact # _____

Posting Instructions:

SW \$ _____
Enter Wire amount plus \$20 fee

SC – Wire plus fee

GL – 744200 *Enter wire amount*
Comment: Wire and MBR's name

GL – 131000. *Enter \$20*
Comment: Wire fee and MBR's name

Posted by: _____