



Domestic Wire Transfer Request

This form should only be used to initiate wire transfers to parties inside the United States. Please complete this form and return it to us in person. **We cannot accept wire transfer requests over \$2,500.00 by fax, online, or email unless a Wire Transfer Agreement is on file.** Domestic Wire Fee is \$20.00. Funds are generally received at the other financial institution within two business days.

ORIGINATOR/MEMBER INFORMATION			
Member Name:	Account Number:	Account Type/Suffix:	
US Dollar Amount of Wire: \$	Daytime Phone Number:		
Address:	City:	State:	Zip Code:
BENEFICIARY INFORMATION			
Name:	Account Number:	Account Type/Suffix:	
Address:	City:	State:	Zip Code:
Remarks (additional wiring instructions):			
BENEFICIARY FINANCIAL INSTITUTION INFORMATION			
Name of Financial Institution:	Bank Routing Number (ABA Number):		
Address:	City:	State:	Zip Code:
INTERMEDIARY BANK (IF APPLICABLE)			
Name of Intermediary Bank:			
Address:	City:	State:	Zip Code:
<p>The undersigned identifies originator, beneficiary, beneficiary's financial institution, account number, and ABA routing number. The undersigned authorizes the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. This debit will occur at the time the wire transfer request is received. All wire transfer requests will be processed the same business day if received by 3:00 pm. Requests received after 3:00 pm will be processed the next business day. The Credit Union is released from all responsibility, obligation, and/or costs associated with other financial institution actions, fees, or failure to deliver funds. Wire transfer requests are governed by Uniform Commercial Code Article 4a and Regulation J. I hereby accept and understand any fees, changes or communication levied by correspondent banks with respect to this transaction are the responsibility of either the originator, the beneficiary, or both.</p>			
Member's Signature:			Date:
Credit Union Use Only			
Branch Department (In-Person Requests Only)			
Employee's Name (print):	Employee's Signature:	Date:	
Identification Document Type (State ID, Driver License, or Passport):	Identification Number:		
Operations Department Only			
Checked for Funds Availability for 5 business days: _____ (initials)		Checked File Maintenance for last 60 days _____ (initials)	
Wire Entered and Processed By:	Date:	Time:	
Wired Verified By:	Date:	Time:	
Security Method Used: <input type="checkbox"/> Call Back <input type="checkbox"/> Password	Date:	Time:	
OFAC Beneficiary's Name: <input type="checkbox"/> Match <input type="checkbox"/> No Match	OFAC Beneficiary's Financial Institution: <input type="checkbox"/> Match <input type="checkbox"/> No Match		
Verification/Confirmation Number:			
Source of Call Back Phone Number:	<input type="checkbox"/> Wire Transfer Agreement <input type="checkbox"/> Core <input type="checkbox"/> Other _____		