<u>Instructions:</u> Complete the form. Print it. Sign it. Return by Email or Fax

Date

Print Form

## Wire Transfer Request Form

Section 1		_				
Member's Name	& Email					
Full Address						
Account #				Process D	ate	
Home Phone				Amount (		
Work Phone				Fee Amou Total	ınt	\$ 25.00 *
Cell Phone				Total		
Section 2						
Beneficiary Name (wired to)						
Beneficiary Account #						
Beneficiary's Address						
Name of Bank						
Bank's ABA/ Routing or Swift /Sort Code						
Additional Information : Branch's address, comments, and any additional wire transfer information.						
If the above is NOT a bank located in the United States, additional information is required.						
Section 3						
Name of Intermediary US Bank						
Address of Bank						
Bank's ABA/Routing Number (9 digits)						
Pass word: Please provide a security code (alpha or numeric) for future transfers.						
You are required to furnish complete written wire transfer instructions to the credit union. To ensure accurate instructions, please contact the depository bank. By signing below, you hold the credit union harmless for non receipt of funds to the depository account. Wire transactions are completed at the member's risk.						
* You agree to pay for all fees or charges assessed by forwarding institutions from the principal of the wired funds. Domestic wire transfers are governed by the United States Regulation J. International wire transfer may be delayed in receipt to the depository account as foreign banks are not governed by U.S. regulations. Fee for Foreign transfers is \$40.						

By Signing below, you acknowledge and agree to the above.

Signature Field