Fund/Wire Transfer Request

		er domestic transfers, business domestic transfer	
document will also support consumer in One-Time Transfer Recurring			
	ORIGI	NATOR/PAYER INFORMATION	
Address:			
City, State, Zip: Account No: Transfer Amount: \$ Special Payment Instructions:	Day Phone No:	estic or International):	Country Code:
	BENE	FICIARY/PAYEE INFORMATION	
Name: Address:			
City, State, Zip: Account No or IBAN: Special Identifier of Beneficiary: SSN:	TIN:		Country Code:
		EE FINANCIAL INSTITUTION INFORMATION	
Name of Financial Institution: Address:			
City, State, Zip: ABA Routing Transit No: Special Routing Instructions:	Swift/BIC Code:	Branch Information:	Country Code:
		FINANCIAL INSTITUTION INFORMATION	
Name of Financial Institution:Address:			
City, State, Zip:	Swift/BIC Code:		Country Code:
		AUTHORIZATION	
You may identify the beneficiary/payer financial institutions) may rely on the a institution. Fund/wire transfers may be	e or any financial institution ccount or other identifying n governed under Regulation	rein and debit your account for the amount of the by name and by account number or other appropumber you provide as the proper identification, ex E or Article 4A of the Uniform Commercial Code of ion will also be governed by Regulation J.	oriate identifier. The Credit Union (and other ven if it identifies a different party or financial
	(CREDIT UNION USE ONLY	
Member Confirming Request: Date/Time of Request: Transaction/Control No: OFAC Verification By: Special Instructions:	Processed E	ID Used: Fee: \$ Method of Transfer: By:	
Security Method Used: Processed By:	Dat	e and Time:	·
	of Secure Phone No:		Phone No:
Member Cancelling Request:Processed By:		Cancel Date:	

Fund/Wire Transfer Request

Member No:

IMPORTANT INFORMATION - This document will also support consumer				nsfers, and business international transfers. This			
One-Time Transfer Recurring Transfer Subject to Funds/Wire Transfer Agreement							
ORIGINATOR/PAYER INFORMATION							
Name: Address:							
City, State, Zip:	Day Phone No:			Country Code:			
Transfer Amount: \$ Special Payment Instructions:	Purpose of Transfer (Do	mestic or Internation	nal):	Country Code:			
BENEFICIARY/PAYEE INFORMATION							
Name: Address:							
City, State, Zip: Account No or IBAN: Special Identifier of Beneficiary: SSN:	TIN		Currency Type:	Country Code:			
BENEFICIARY/PAYEE FINANCIAL INSTITUTION INFORMATION							
Name of Financial Institution:Address:							
City, State, Zip: ABA Routing Transit No: Special Routing Instructions:			ch Information:	Country Code:			
INTERMEDIARY FINANCIAL INSTITUTION INFORMATION							
Name of Financial Institution:Address:							
City, State, Zip:	Swift/BIC Code:	Bran		Country Code:			
AUTHORIZATION							
You may identify the beneficiary/paye financial institutions) may rely on the a	e or any financial institutio account or other identifying governed under Regulatio	on by name and by g number you provi on E or Article 4A o	account number or other a de as the proper identification for the Uniform Commercial C	of the fund/wire transfer plus applicable charges. ppropriate identifier. The Credit Union (and other on, even if it identifies a different party or financial ode depending on the nature of the transaction. If			
Account Owner/Authorized Person Signature	Date						