



DOMESTIC WIRE TRANSFER REQUEST

As the undersigned Member, You request payment to be made to the Beneficiary and Bank Information below. You agree that this Wire Transfer is irrevocable and that the sole obligation of the Credit Union is to exercise ordinary care in processing this request, and is not responsible for any losses or delays which occur as a result of any other party's involvement in this request. You understand that payment may be made by the Beneficiary's bank on the basis of the information provided below, even if the Account Number provided identifies a person different than the named Beneficiary. You agree that the funds are being sent to a person, entity or country that is NOT restricted from doing business with a person subject to the Jurisdiction of the United States. If sufficient funds are not available to cover the transaction requested plus any applicable fees, or if any information provided is not valid, the request becomes void. **THE DEADLINE FOR SAME DAY PROCESSING IS 12:00PM**

Member Contact Information

Member Account Number

Member Name

Member Physical Address

City, State, Zip

Email Address

Phone Number

Transaction Information

Withdrawal Amount (in U.S. Dollars)

Written Withdrawal Amount (Spell out)

A wire transfer fee of \$35 will also be debited from the account number specified above.

Beneficiary & Bank Information (Beneficiary is who the funds are going to)

Beneficiary Name

Physical Address

City, State, Zip

Account Number

Routing Number

Reference Information

Beneficiary Bank Name

Phone Number

Physical Address

City, State, Zip

Purpose of the Wire (Please be Specific):

Intermediary Bank Information (if applicable)

Intermediary Bank Name

Routing Number

Reference Information

Physical Address

City

Country

State

Zip

Member Signature

Date