



# WESTERN UNION REQUEST

Requests received after 4:00 pm will be processed the next business day.

NOTE: If you are unsure how to fill out this form, please call Community Financial Credit Union at (888) 430.7199. Returning incorrect, incomplete or unsigned forms will delay the processing of your request. We may call back any member who requests a Western Union. Verification must be completed prior to processing Western Union. If we are unable to make verifications by 4:00 p.m., the wire will be processed the following business day.

Date Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_

Request Made:  In person ID # \_\_\_\_\_  Fax  Mail

## General Information

Western Union Amount \$ \_\_\_\_\_

Member Account Number \_\_\_\_\_

Member Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

## Beneficiary Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Deliver Funds to: City: \_\_\_\_\_ State: \_\_\_\_\_

REQUIRED: Special Identifier of Recipient (ie: SSN, TIN): \_\_\_\_\_

**Advise member that their receiving party should ask specifically for a "Will call money transfer from Missouri Corporate Credit Union, St. Louis, MO."**

By signing this form, I agree that I have read the ACH & WIRE TRANSFERS AGREEMENT located in the Membership and Account Agreement and agree that the information entered on this form is accurate, including the account numbers and financial institution information. I cannot hold Community Financial Credit Union liable for any incorrect information provided by me. I authorize Community Financial Credit Union to process a wire transfer per the wiring instructions I have given above. I understand that my account will be charged a fee. I understand that this wire transfer request may be delayed until security procedures are completed.

**NOTICE:** By Federal Law, all Wire Funds Transfers are verified against the Office of Foreign Asset Control's (OFAC) Specifically Designated Nationals (SDN) List.

Member Signature \_\_\_\_\_

Date: \_\_\_\_\_

## FOR OFFICE USE ONLY:

Signature Verified by: \_\_\_\_\_

Security Verification

Wire Processed by: \_\_\_\_\_

OFAC Passed

(Call Back – if applicable) by: \_\_\_\_\_

Verified By: \_\_\_\_\_ Time: \_\_\_\_\_

(Employee Initials): \_\_\_\_\_

Wire Sequence No.: \_\_\_\_\_

OFAC Passed MOCORP

(Employee Initials): \_\_\_\_\_