



WIRE TRANSFER REQUEST

Requests received after 3:00 pm (11:00 am for international wires) 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 wire transfer. Verification must be completed prior to processing wire. If we are unable to make verifications by 3:00 p.m., the wire will be processed the following business day.

Date Requested: _____ Type of Request: One-time Recurring
Time Requested: _____ Request Made: In person ID # _____ Fax Mail

General Information

Wire Amount \$ _____ Member Account Number _____
Member Name _____
Address _____
City: _____ State _____ Zip Code: _____
Phone Numbers: Work _____ Home _____ Other _____

(For recurring wires, complete the above portion only and sign in the Member Signature space below.)

Beneficiary Financial Institution Information

ABA# or Swift Code for international wires (Routing Number - 9 digits) _____
Financial Institution Name: _____
City: _____ State _____ Zip Code: _____

Intermediate Beneficiary Information or FURTHER CREDIT TO:

Account Number or ABA# to Credit: _____
Name on Account: _____
OPTIONAL: Special Identifier of Recipient (ie: SSN, TIN): _____

FINAL CREDIT:

Name on Account: _____
Address: _____
City: _____ State _____ Zip Code: _____
Account Number to Credit _____ Comments: _____
OPTIONAL: Special Identifier of Recipient (ie: SSN, TIN): _____

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 (Call Back) by: _____ Wire Processed by: _____
OFAC Passed Password Verification by: _____ Verified By: _____ Time: _____
(Employee Initials): _____ Wire Sequence No.: _____ OFAC Passed MOCORP
(Employee Initials): _____