

WIRE TRANSFER REQUEST FORM

Wires not faxed to a branch must be faxed to the Finance Department at 571-527-2359.
Same-day transfer must be received by the Finance Department before 4:00 PM.

Date _____

Wire Amount \$ _____

Receiving Financial Institution Information

ABA/Routing # _____

Financial Institution Name _____

Financial Institution Address _____

Originator Information

Member # _____ Account Type _____ Phone # _____

Member Name _____ State Issue ID # _____

Member Address _____

Beneficiary Information

Beneficiary Account # _____

Beneficiary Name _____

Beneficiary Address _____

If Corresponding Institution Used

Final Credit To _____

Account # _____

Final Beneficiary Address _____

Special Instructions

Remitter Authorization

The undersigned authorizes the Credit Union to initiate the transfer of funds and charge the account indicated. The Credit Union is released from all responsibility, obligation and/or costs associated with other financial institution's actions, fees, or failure to deliver funds.

I hereby accept and understand that any fees, charges, or commissions leveled by correspondent banks with respect to this transaction are the responsibility of the Remitter, the Beneficiary, or both. In addition, I acknowledge and agree that this Authorization is subject to the terms and conditions stated on the Wire Transfer Agreement Form.

Member Signature _____ Date _____

For Credit Union Use Only

Request Taken By: _____ Teller # _____ Time: _____

Supervisor Approval: _____ Printed Name: _____

VP Approval: _____ Printed Name: _____