



Wire Transfer Request Form

IMPORTANT INFORMATION—this wire transfer request document supports one-time consumer domestic transfers, and business domestic transfers.

SENDER / PAYER INFORMATION

Name: _____ Day Phone No: _____
Address: _____
City: _____ State: _____ Zip: _____
Transfer Amount \$ _____ Account: _____
Special Payment Instructions from Sender: _____

RECIPIENT / PAYEE INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Account: _____
Special Identifier of Recipient (i.e.: SSN, TIN, DL#): _____

RECIPIENT / PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____
Address: _____
City: _____ State: _____ Zip: _____
ABA/Routing/Transit No: _____
Special Routing Instructions: _____

INTERMEDIARY FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____
Address: _____
City: _____ State: _____ Zip: _____
ABA/Routing/Transit No: _____
Special Routing Instructions: _____

You may identify the payee or any financial institution by name and by account number. The credit union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party, or institution. You authorize the credit union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. Wire transfers may be governed under Regulation E or the Uniform Commercial Code (UCC), Article 4A, dependent upon the nature of the transaction. If a wire transfer is cleared through the Federal Reserve, the transaction will also be governed by Regulation J.

X _____
Account Owner Signature (if requested by phone, see ID security method used)

X _____
Today's Date

INTERNAL USE ONLY

Member *or* Joint Owner
Confirming Funds
Transfer Request (Name Here): _____

Date of Request: _____
Time of Request: _____
Fee Amount \$ _____
ID Security Method Used: _____

Date: _____
Time: _____
Request Taken By: _____

For Callback Confirmation:
Employee Performing Callback: _____

Phone No. Used for Callback: _____

Verification method used for
Secure Telephone Number: _____

Alloya Transaction Number: _____

Processed By: _____
Verified By: _____
OFAC Verification By: _____

Member Cancelling Request:

Cancel Date: _____
Processed By: _____
Cancellation Verified By: _____

Daily Wire Transfer Cutoff Time:
3:30PM