

OUTGOING WIRE TRANSFER REQUEST FORM

Please print clearly and provide all information on the form.

Date: _____ Time: _____ Received by (Teller): _____

Member Name: _____ Account Number: _____

Phone number you can be reached at: _____ Social Security #: _____
(Number MUST be on file for at least 30 days)

Member Address: _____

Amount of Wire Transfer: \$ _____

ABA/Routing #: _____ ABA Verified

Receiving Bank's Name: _____

Receiving Bank's Address: _____

Beneficiary's Account #: _____

Beneficiary's Name: _____ OFAC Checked

Beneficiary's Address: _____

For Further Credit to/Special Instructions: _____

Purpose of Payment: _____

You authorize the Credit Union to transfer funds as described above and debit your account for the amount transferred plus the outgoing transfer fee of **\$20.00**. Same day NOT guaranteed. The Credit Union does not guarantee the wire transfer will be completed on the same day even if placed before the 2:00 PM deadline. It is extremely important that you verify the accuracy of the receiving bank and beneficiary information, as you understand that once the wire is executed the wire cannot be stopped or canceled. You agree that the liability of the Credit Union is waived to the maximum extent allowed by law. If the wire transfer is cleared through the Federal Reserve Bank, the transaction is governed by Regulation J.

I have carefully reviewed all information on this form and agree that it accurately reflects the transaction I desire.

Member Signature: _____ Date: _____

2:00 P.M. DEADLINE
Fax to: 541-610-1965

For Credit Union Use:

3 **Unique** forms of ID used for verification

1) _____ 2) _____ 3) _____

In Person Phone Request Fax Request Email Request

For Accounting Use:

Sent by: _____ Date: _____

OFAC Checked Fee: \$20.00