TEFCU
WWW.TEFCU.ORG

FUNDS/WIRE TRANSFER REQUEST

Member Number:

SENDER/PAYER INFORMATION

SENDER/ PAYER INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Day Phone: _____

Transfer Amount: $_____

Special Payment Instructions from Sender: _____

_____

_____

RECIPIENT/PAYEE INFORMATION

RECIPIENT/PAYEE INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Account No: _____

Special Identifier of Recipient (i.e.: SSN, TIN, DL#):

_____

_____

_____

RECIPIENT/PAYEE FINANCIAL INSTITUTION

Name of Financial Institution: _____

Address: _____

City, State, Zip: _____

ABA Routing/Transit Number: _____

Branch Information: _____

Special Routing Instructions: _____

_____

_____

NOTE: Unless otherwise posted, the cutoff times for domestic wires will be at 2 p.m. and at 12 p.m. for international wires on each weekday that TEFCU is open. Payment orders, cancellations, or amendments received after the cutoff may be treated as having been received on the next following funds transfer business day and processed accordingly.

You may identify the payee or any financial institution by name and by account number (or ABA routing number). The credit union (and other institutions) may rely on the member or other identifying number as the proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize the credit union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges.

X _____

Account Owner Date

INTERNAL USE ONLY

Date and Time of Request: _____

Amount of Fee: _____

Identification Use: _____

Method of Transfer: _____

Transaction/Control Number: _____

Processed By: _____

Special Instructions: _____

***OFAC CHECK ON PAYER:** _____

***OFAC CHECK ON PAYEE:** _____

Date and Time: _____

Processed By: _____

***MUST BE COMPLETED**

Cancel Date: _____

Processed By: _____