



WIRE TRANSFER REQUEST

Date: _____

Time: _____ am or pm

OUTGOING WIRE TRANSFER INFORMATION

Wire is being sent to: (Fill in completely below) Amount to be wired: \$ _____ (See Note 1)

Financial Institution Name _____ Financial Institution Phone _____

Financial Institution Address _____ City/State _____ Zip _____

Financial Institution ABA or Routing and Transit Number _____

Further credit to _____ Account Number _____

Final credit to _____ Account Number _____

Address _____ City/State _____ Zip _____

Telephone Number _____

Purpose _____

- (Note 1)**
- All Fedwire transfers of \$ 3,000 or more must include name, address and account number of the originator of the wire, as well as the name, address and account number of the receiver of the wire.
 - Get telephone numbers of the sender and receiver.
 - All wires must be received by 12:30pm in the Accounting Department for same day credit, but not guaranteed.

IDENTIFICATION OF MEMBER REQUESTING OUTGOING WIRE TRANSFER

Member's Name _____ Account Number _____ Suffix _____

Address _____ City/State _____ Zip _____

Telephone Number _____

*Authorized Member Signature _____ *By signing this form, member is responsible for providing correct receiver information. SWFCU is not liable for inaccurate information.

SWFCU USE ONLY

Verified by Account Activity? Yes _____ No _____ OR Verified by Password? Yes _____ No _____

Employee Number and Initials _____

Member Branch Number (for \$ 20.00 wire transfer fee income) _____

If Loan proceeds to be wired (not from member's account) GL number to debit: _____

ACCOUNTING DEPARTMENT USE ONLY

Call-back verification for \$ 3,000 and over wires:

Employee Number and Initials _____ Date _____ Time _____

(Attach copy of Member Receipt and Wire Transfer Input Sheets)