

SENDER/PAYER INFORMATION

Member or Authorized User's Name:	Account Number:	Suffix:
US Dollar Amount of Wire: \$	Contact Phone Number:	
Address:	City:	State/Zip:

RECIPIENT/PAYEE INFORMATION

Name:	Account Number:
Address:	City: State/Zip:

RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:	Bank Routing Number (ABA Number):
Address:	City: State/Zip:

Additional Information:

Identify payee or financial institution by name, account number, or ABA routing number. In the event of inaccurate payee information being provided, the member agrees to be held liable for any loss, liability or damages incurred. 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 (refer to Fee Disclosure). This debit will occur at the time the wire transfer request is received. All wire transfer requests will be processed the same business day if received by 4:00 pm. Requests received after 4:00 pm will be processed the next business day.

Member's Signature:	Date:
	Time:

**Educational Systems Federal Credit Union Office Use Only
CREDIT UNION VERIFICATION AND AUTHORIZATION**

Date and Time of Request:	Star Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Fee: \$
Branch - Identification Used (State, Number, Expiration Date):	Transaction Number:	
Contact Center - Security Method Used: <input type="checkbox"/> Call Back (required) <input type="checkbox"/> Password (required)	Name of Member Confirming Transfer Request:	
Call Back Processed By (must be a different employee than the person processing the wire):	Call Back Date and Time:	Call Back Phone Number:
Source of Call Back Phone Number:	<input type="checkbox"/> Wire Transfer Agreement <input type="checkbox"/> Core System <input type="checkbox"/> Other:	

AUTHORIZATION

Wire Request Approved By Credit Union Representative (YOU MUST BE AUTHORIZED):

Credit Union Verification Completed By: _____ Signature: _____

Transaction Processed By: _____ Signature: _____

OFAC Verified By: _____ Signature: _____

Authorized By: _____ Signature: _____

Authorized By Title: _____ Date: _____

OFAC VERIFICATION

ACCOUNTING DEPARTMENT USE ONLY

		Wire Entered By:		
Recipient/Payee Name & Address	<input type="checkbox"/> Match <input type="checkbox"/> No Match	Initials: _____	Date: _____	Time: _____
		Wire Verified By:		
Recipient/Payee Financial Institution Name & Address	<input type="checkbox"/> Match <input type="checkbox"/> No Match	Initials: _____	Date: _____	Time: _____
		Bank Telegraph Short Name: _____		