

DOMESTIC WIRE TRANSFER REQUEST

ORIGINATOR INFORMATION

Member Name			Date:			
Last Name	First Name		M I			
Member Address:Street	City		State	Zip		
Daytime Phone: (For a Confirmation Callback – must be on record with UCU)	Member Email	l Address:				
Withdraw from Member #:						
	WIRE INFO	RMATION				
Name of receiving bank or credit union:						
ABA or Routing & Transit number:						
Financial Institution Address:					·	
Street Will it be forwarded to another Bank/Credit	Union? (If not, proceed to benefic	City ciary section.)		State	Zip	
Name of bank or credit union forward	arding to:					
ABA or Routing & Transit number	r:					
Financial Institution Address:						
Name of Beneficiary:	Street	Accoun	t Number:	State		
Beneficiary Address:			State			
Reference or Special Instructions: (e.g. es	crow number, if needed)		State			
Purpose of Wire (REQUIRED):						
I authorize University Credit Union (UCU) to vany fees charged to me are non-refundable. I urinaccurate information provided in this request service is subject to deadlines and completion t is NOT responsible for the inability to complete governed by the Uniform Commercial Code Se review the UCU Membership Agreement for act wires with the Department of Treasury, Office transaction rejected, or further action taken.	nderstand UCU is not responsil or which may result by subseq imes and if a confirmation call this wire. This request cannot ction 4A, Federal Reserve Reg Iditional terms and conditions.	ble for any loss of the form of the plant of the form	r delay which ma another party oth e is necessary bef r transmission is i accordance to US olicy, University	y occur due to in her than UCU. I fore the wire can nitiated by UCU Is laws and OFAG Credit Union che	ncomplete or understand the wire be completed, UCU J. Wire transfers are C regulation. I can ecks all outgoing	
	EM.	AIL TO UCU	MAIL@UCU.C	ORG or FAX	TO 424.320.4619	
Member's Signature						