

DOMESTIC WIRE TRANSFER REQUEST

Please fill in your information, print out completed form, and sign before returning to the credit union.

The fee for domestic wire transfers is \$20 per wire. The fee for Western Union wire transfers is \$25 per wire.

INSTRUCTIONS

Wiring instructions must be received by 1PM to be processed the same day. **Important:** Please contact the receiving financial institution for wire transfer instructions. Routing numbers on the bottom of checks are often not accurate for the purpose of wire transfers.

WIRE CLASSIFICATION CHOICE

Please select one of the following: Domestic Western Union

Today's Date: _____ Date of Transaction _____

Member Information:

Name: _____ Member #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone #: _____ (where you can be reached within 3 hrs of request)

What account do you want the funds wired from? 001 007 Other _____

Wire Amount \$ _____ Reason _____

Request made: In-Person Phone Email Fax E-Sign

Financial Institution:

Primary Destination: _____

City: _____ State: _____

ABA/Routing #: _____

Beneficiary (Receiver) Information:

Acct # to credit (*Final Credit To*): _____ Individual Company

Beneficiary's Name & Address (*Accountholder's Name*): _____

Additional or Specific Instructions, if applicable: _____

By signing this form, I hereby authorize PCFCU to transfer funds by wire as per the above listed instructions. I understand that the account shown herein will be debited for the amount of the wire, plus any applicable fees. I agree that 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. I understand that if the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. I agree to hold the Credit Union harmless if the funds are not received and credited due to incorrect or incomplete instructions or information. A \$45.00 tracer fee (research requested) will be deducted from my account in the event this wire is lost through no fault of PCFCU.

Signature: _____ Date: _____

Office Use Only:

Date & Time of Request: _____

Amount of Fee: \$ _____

Method of Transfer: _____

Transaction Control #: _____

In-Person Yes No Identification Used: _____

Processed by: _____

Signature Collected: In-Person Fax Email E-Sign

Special Instructions: _____