

# 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: \_\_\_\_\_