Cincinnati Employees Credit Union

WIRE TRANSFER REQUEST

Date: _____

Member Name/Address _____
_____
_____

Purpose of Wire _____

Receiving Institution: _____
City, State: _____
ABA/Routing #: _____

Beneficiary Name/Address: _____
_____
_____

Beneficiary Account: _____
___Savings   ___Checking

Wire amount: $_____

I authorize this wire transfer to be completed from my account #_____.
Transfer the $15 fee from my ___Savings ___Checking account.

You may identify the payee or any financial institution by name and by account number (or ABA routing number). The Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. 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.

Member's Authorization: _____
(Sign & Date)

INTERNAL USE

Wire originated by _____   Wire Authorized by _____   Corp One Verification by _____

_____OFAC run needed, completed by _____
_____OFAC in system (both originator & beneficiary are current members, who have already been verified on the OFAC system)