



DOMESTIC WIRE REQUEST

Date _____

Member's Name: (Wire originator) _____

Address: _____

Street address

City, state, zip

Best Contact Phone number (if any problems with the information provided): _____

HHFCU Account number: _____ Type of account: _____ (svgs) _____ checking

Please send a wire transfer in the amount of \$ _____ per the wire instructions provided in this request. This request is

_____ a one-time wire request.

_____ a recurring wire request.

I authorize you to accept telephone requests not to exceed _____ (maximum amount). I understand it is my responsibility to verify the information I have provided to you in this form *prior* to each future request. This authorization will remain in effect unless we (HHFCU) receive notice from you revoking this authorization and we acknowledge your notice in writing.

Member Signature x _____ Date x _____

Wire Details – Information marked with * is REQUIRED

* Receiving Financial Institution (the Institution receiving the wire; may also be the bank where the person receiving the wire has their account)

* Routing # (9 digits) _____

* Name of Bank/Credit Union: _____

* City _____ * State _____

Intermediate Financial Institution (not common- use only if instructed by beneficiary financial institution)

* Name _____

* ID # _____

* Address 1 _____

* Address 2 _____

Address 3 (as needed) _____

Recipient's (Beneficiary) Financial Institution (the bank where the person receiving the wire has their account- if different than the Receiving Institution provided above)

* Name _____

* ID # _____

* Address 1 _____

* Address 2 _____

Address 3 (as needed) _____



***Recipient (Beneficiary) (person receiving the wire)**

*Name _____

*Account # _____

*Address 1 _____

*Address 2 _____

Address 3 (as needed) _____

Special Instructions

For credit union use only:

OFAC completed _____ (initial) Funds transferred from member account _____ (initial)

Wire Input _____ (initial) Date _____ Template Name _____

Confirm # _____ Verified _____ (initial)