

WIRE TRANSFER AUTHORIZATION FORM

Wire Origination Instructions:			
Name:	From (Account # - Sub Account #):		
Daytime Phone #:	Purpose of Wire:		
Email Address for Notifications:			
		City/State/Country/Zip:	
Amount: \$ Int'l Currency Type/ Value:			
	correspondent FI if wire <u>transmits through two FIs</u> with valid ABA	routing numbers)	
	FI Number:		
Address:	City/State/Country/Zip:	_	
Int'l Wires Only: IBAN:	Swift:		
Beneficiary FI Information, when applica	able: (Only if a correspondent FI is used above)		
FI Name:	Transit Number:		
Address:	City/State/Country/Zip:	City/State/Country/Zip:	
Int'l Wires Only: IBAN:	Swift:		
Beneficiary Information: (Person or busing	ness name on account where funds are being deposited)		
Beneficiary Name:	Account #:		
		City/State/Country/Zip:	
Daytime Phone #:			
Optional Originator to Beneficiary Instru	uctions: (Special instructions or communication to the beneficiary	**)	
	t #, closing mortgage file #, property address, reference number for loan p		
and Account Agreement incorporated here account or jointly held account as set forth harmless if funds transferred as a result of harmless if the funds are not received and that the funds transfer may be subject to f	rein by reference. I authorize FRB Federal Credit Union (FRBFCU) to h in the instructions noted herein (including debiting my account). If this agreement are misapplied or returned by the receiving FI. I also credited or are credited incorrectly due to information I have given fees by the Receiving Depository Institution and if I dispute these for ransfer clears through the Federal Reserve, the transaction is governor.	o transfer funds from my I agree to hold FRBFCU so agree to hold FRBFCU n FRBFCU. I also understand ees, will direct all inquires to	
Acknowledgment of Fee Charged:	_		
Domestic Wire: \$25.00	Int'l Wire: \$40.00 Loan Disbursal: L	n Ofc Initial:	
Member Signature:	Date:		
	sing of wires may require a call back verification from FRB FCU t lest. Failure or inability to complete the call back verification ste		
Member initials of acknowledgement of call back verification requirement			
For Internal Use Only:	Wire Initiated By: Sta	aff Initial:	
WireXchange:	Account Debited: Da	ate/Time:	
	Verified and Released By: Sta	aff Initial:	
OFAC: Sender:	Recipient: FI: FI: Da	ate/Time:	