

SENDER/PAYER INFORMATION

Member or Authorized User's Name:	Account Number:	Suffix:
US Dollar Amount of Wire: \$	Contact Phone Number:	
Address:	City:	State/Zip:

RECIPIENT/PAYEE INFORMATION

Name:	Account Number:
Address:	City: State/Zip:

RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:	Bank Routing Number (ABA Number):
Address:	City: State/Zip:

Additional Information:

Identify payee or financial institution by name, account number, or ABA routing number. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J (Collection of Checks and Other Items by Federal Reserve Banks and Funds Transfers through Fedwire). You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges (refer to Fee Disclosure). This debit will occur at the time the wire transfer request is received. All wire transfer requests will be processed the same business day if received by 4:00 pm. Requests received after 4:00 pm will be processed the next business day.

Member's Signature:	Date:
	Time:

**Educational Systems Federal Credit Union Office Use Only
CREDIT UNION VERIFICATION AND AUTHORIZATION**

Date and Time of Request:	Star Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Fee: \$
Branch - Identification Used (State, Number, Expiration Date):	Transaction Number:	
Contact Center - Security Method Used: <input type="checkbox"/> Call Back (required) <input type="checkbox"/> Password (required)	SVP of Lending Signature for Contact Center Wires > \$50,000.00 _____	
Call Back Processed By (must be a different employee than the person processing the wire):	Call Back Date and Time:	Call Back Phone Number:
Source of Call Back Phone Number:	<input type="checkbox"/> Wire Transfer Agreement <input type="checkbox"/> Core System <input type="checkbox"/> Other:	

Name of Member Confirming Transfer Request:

AUTHORIZATION

Wire Request Approved By Credit Union Representative (YOU MUST BE AUTHORIZED):

Credit Union Verification Completed By: _____	Signature: _____
Transaction Processed By: _____	Signature: _____
OFAC Verified By: _____	Signature: _____
Authorized By: _____	Signature: _____
Authorized By Title: _____	Date: _____

OFAC VERIFICATION

ACCOUNTING DEPARTMENT USE ONLY

		Wire Entered By:		
Recipient/Payee Name & Address		<input type="checkbox"/> Match	<input type="checkbox"/> No Match	Initials: _____ Date: _____ Time: _____
Recipient/Payee Financial Institution Name & Address		<input type="checkbox"/> Match	<input type="checkbox"/> No Match	Wire Verified By: Initials: _____ Date: _____ Time: _____
Bank Telegraph Short Name: _____				