

**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 3:00 pm. Requests received after 3:00 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:	Processed By:
<b>Contact Center - Security Method Used:</b>  <input type="checkbox"/> Call Back (required) <input type="checkbox"/> Password (required)	Transaction Number:	Processed By:
	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):**

Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Completed By Title: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorized By Title: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFAC VERIFICATION:</b>	<b>ACCOUNTING DEPARTMENT USE ONLY</b>
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Recipient/Payee Name:	<input type="checkbox"/> Match <input type="checkbox"/> No Match	<b>Wire Entered By:</b> Initials: _____ Date: _____ Time: _____
Recipient/Payee Financial Institution Name:	<input type="checkbox"/> Match <input type="checkbox"/> No Match	<b>Wire Verified By:</b> Initials: _____ Date: _____ Time: _____
OFAC Verified By:	Teller Number:	Cancel Date: _____ Processed by: _____
		Bank Telegraph Short Name: _____