

WIRE TRANSFER REQUEST

ORIGINATOR INFORMATION				
Member or Authorized User's Name:		Account Number:		Suffix:
US Dollar Amount of Wire: \$		Contact Phone Number:		
Address:		City:		State/Zip:
Email Address for Wire Notifications:		Wire Purpose:		
	BENEFICIARY (RECIPI	ENT) INFORMATION		
Name:		Account Number:		
Address:		City:		State/Zip:
BENEF	ICIARY (RECIPIENT) FINANC	CIAL INSTITUTION INF	ORMATION	
Name of Financial Institution:		Bank Routing Number (ABA Number):		
Address:		City:		State/Zip:
Memo:		!		
Identify payee or financial institution by name, member agrees to be held liable for any loss, I governed by Regulation J. You authorize the 0 applicable charges (refer to Fee Disclosure). I the same business day if received by 4:00 pm	liability or damages incurred. If the v Credit Union to transfer funds as de This debit will occur at the time the v	wire transfer is cleared thro scribed herein and debit yo wire transfer request is rec	ough the Federal our account in the eived. All wire tra	Reserve, the transaction is e amount transferred, plus
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: Yes	No	Amount of Fee: \$
Branch - Identification Used (State, Number, Expiration Date):				
Contact Center - Security Method Used: Password (required) Call Back (required)		Name of Member Confirming Transfer Request:		
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:	Wire Transfer Agreement	Core System	Other:	

Revised February 2024