

SEQ: \_\_\_\_\_

## Outgoing Wire Transfer Request

Senders Name: \_\_\_\_\_

From Account Number: \_\_\_\_\_

Wire Amount: \$ \_\_\_\_\_ Wire Fee: **\$7.50**

Written Amount: \_\_\_\_\_

Member's Social Security Number: \_\_\_\_\_

Phone number where member can be reached: \_\_\_\_\_

### Receiving Bank / Account Information

First Receiving Bank Name): \_\_\_\_\_

Target Bank ABA Number: \_\_\_\_\_

(The ABA number is 9 digits)

**Target Bank Name:** \_\_\_\_\_

Target Bank ABA Number: \_\_\_\_\_

(The ABA number is 9 digits)

Beneficiary Name: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

(Required for wire amounts of \$3000 or more)

Beneficiary Account Number: \_\_\_\_\_

Account Type:           savings           checking           Other \_\_\_\_\_

Additional information, if any: \_\_\_\_\_

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### Authorization

Member authorizes and request credit union to execute this transfer request in accordance with the information written above and further acknowledges that he/she has read and agrees to all of the terms and conditions set forth below.

**MEMBER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

**Extension:** \_\_\_\_\_

#### Terms and Conditions:

(1) Zeal Credit Union is not responsible for charges incurred against wired funds from intermediary institutions while funds are en-route to the destination institution.

(2) You have provided accurate information regarding beneficiary and beneficiary financial institution. Payment will be made based on account and financial institution that you provide, even if the numbers identify individuals or entities different than the names provided in the wire transfer request. You will be responsible for any losses or expenses arising from inaccurate information provided by you.

(3) Member shall have no right to cancel or amend a transfer after it has been sent by the credit union.

For **telephone wire requests**, the wire receiver's name must be the same as the sender's unless written authorization is received prior to the transfer. Faxed signatures are not valid. Social Security Number must be verified for all wires.

SEQ: \_\_\_\_\_

**BRANCH INSTRUCTIONS**

**ASK THE MEMBER TO WAIT WHILE YOU FAX THIS FORM TO THE PAYROLL DEPARTMENT (734 466-6152) AND CALL (EXT. 216,217,119) TO VERIFY BANK ABA NUMBER(S). SEND PAYROLL THE SIGNED ORIGINAL THROUGH INTER-OFFICE MAIL**