

# DOMESTIC WIRE TRANSFER REQUEST

All fields in bold are required. Once this document has been completed, it MUST be faxed or delivered in person ONLY. Thank You.

## Member Information

Account Number: \_\_\_\_\_ Share: \_\_\_\_\_ Wire Amount: \_\_\_\_\_  
Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Purpose of Wire: \_\_\_\_\_ Fee: \_\_\_\_\_

## Beneficiary (Receiver) Information

Beneficiary Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Account Number: \_\_\_\_\_  
Special Payee Identifier(ie:SSN, TIN,DL#): \_\_\_\_\_

## Beneficiary Financial Institution

Name of Financial Institution: \_\_\_\_\_  
Financial Institution Address: \_\_\_\_\_  
ABA Routing & Transit Number: \_\_\_\_\_ Branch Information: \_\_\_\_\_  
Special Routing Instructions: \_\_\_\_\_

## Intermediary FI Information (if applicable):

Name of Financial Institution: \_\_\_\_\_  
Financial Institution Address: \_\_\_\_\_  
ABA Routing & Transit Number: \_\_\_\_\_

You may identify the payee or any financial institution by name and by account number(or ABA routing number). Heritage Financial Credit Union (and other financial institutions) may rely on the account number or other identifying number as the correct identification, even if it identifies a different party or financial institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize Heritage Financial Credit Union to transfer funds as described above and to debit your account in the amount stated above and in the amount of applicable fees.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Internal Use Only:

Branch Employee: \_\_\_\_\_ Date/Time of Request: \_\_\_\_\_ ID Used: \_\_\_\_\_ Teller #: \_\_\_\_\_  
Deposit Support: \_\_\_\_\_ OFAC: \_\_\_\_\_ SEQ #: \_\_\_\_\_ Entered By: \_\_\_\_\_ Verified By: \_\_\_\_\_