

DOMESTIC WIRE TRANSFER REQUEST

(All fields in bold are required)

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:** _____