REQUEST IMPORTANT INFORMATION - This document supports consumer domestic transfers, business domestic transfers, and business international transfers. This document will also support consumer international transfers **MEMBER NO:** You may identify the payee or any financial institution by name and by account number or other appropriate identifier. The Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. Fund/wire transfers may be governed under Regulation E or the Uniform Commercial Code (UCC), Article 4A, dependent upon the nature of the transaction. If a wire transfer is cleared through the Federal Reserve, the transaction will also be governed by Regulation J. that are not deemed remittance transfers. ☐ Subject to Fund/Wire Transfer Agreement **SENDER / PAYER INFORMATION** Name: __ Address: ___ City, State, Zip: Day Phone No: Transfer Amount: \$ _____ by Regulation J. Special Payment Instructions from Sender: ACCOUNT OWNER/AUTHORIZED PERSON SIGNATURE DATE **RECIPIENT/PAYEE INFORMATION** X Name:___ Address: INTERNAL USE ONLY City, State, Zip:_____ Member Confirming Funds Transfer Request: Country: Account No. or IBAN: Date and Time of Request: _____ Special Identifier of Recipient: SSN: _____ Amount of Fee: \$___ Identification Used:_____ DL#: TIN: RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION Method of Transfer: Transaction/Control No: Name of Financial Institution: ____ Processed by: Address: _____ City, State, Zip:____ OFAC Verification by: ABA Routing/Transit No: _____ Special Instructions: Swift/Sort Code: _____ Branch Information: _____ Security Method Used:____ Special Routing Instructions: _____ Date and Time: _____ Processed By: _____ INTERMEDIARY FINANCIAL INSTITUTION INFORMATION For Callbacks (if applicable): Name of Financial Institution:_____ Employee Performing Callback: Address: City, State, Zip: Phone No. Used for Callback: ABA Routing/Transit No: Source/Verification of Secure Telephone No: Swift/Sort Code: Branch Information: Member Cancelling Request: Special Routing Instructions: Cancel Date: **CURRENCY INFORMATION** Processed By: _____ Currency Type:_____ ACCOUNT OWNER(S) MAILING NAME AND ADDRESS:

FUND/WIRE TRANSFER