



**OUTGOING WIRE TRANSFER
WORKSHEET**

Date: _____ Time: _____

Amount: _____ Fee: _____

WIRE TRANSFERS MUST BE REQUESTED IN PERSON

Account# _____ Share: _____

Originator's Information

Originator of Wire (Member) _____

Physical Home Address _____

Work Phone () _____ Home Phone () _____

Date of Birth _____

Routing Information

To: Bank/CU Name _____ Phone# () _____

Address _____ City _____ State _____

Routing Number (9 digits required) _____

Purpose of wire _____

Beneficiary Information

To: Account# _____

For foreign wires only, enter currency type: _____

Name on Account _____

Final Credit To: _____ (U.S. dollars if blank)

Special Instructions: _____

Name and address of person who will receive final credit for this wire:

Name _____

Home Address _____ City _____ State _____ Zip _____

I understand that wire transfers are governed by The Uniform Commercial Code, Article 4A and Regulation "J", and that I may request an additional copy of the disclosure which outlines my responsibilities in the wire process if I desire. I understand it is my responsibility to provide accurate account and routing numbers to the credit union. I have reviewed the above numbers and they are accurate. The credit union and other institutions may rely on these numbers even if they identify a different party or institution. I understand the cut-off deadlines and I authorize WLFCU to wire the funds from my account and to deduct the fee. I also affirm that no amounts transferred through this account are for the purpose of making or accepting bets or wagers for illegal gambling.

Member's Signature _____ Date _____

(Please attach additional instructions if any)

THIS SECTION IS FOR INTERNAL USE:

Name of member requesting wire _____		USE:	
Owner of account	Yes	Member verified?	Yes
Are there enough funds available to cover the wire and fee?		Yes	How verified? _____
Have you repeated all the instructions back to the member?		Yes	(attach copy of photo ID)
Have you explained the cut-off deadline to the member?		Yes	(3:00 p.m. normally)
Have you verified that recipient's name is not on OFAC list?		Yes	
Employee signature _____			
If this is a wire request over \$5,000.00, please refer to a CU Manager			
Manager's authorization _____		Signature verified?	Yes
For phone or fax request	Member called back?	Yes	Phone number _____
Person initiating wire _____		Date _____	Time _____
Wire verified by: _____			