



**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 _____

Owner of account Yes Member verified? Yes How verified? _____

Are there enough funds available to cover the wire and fee? Yes (attach copy of photo ID)

Have you repeated all the instructions back to the member? Yes

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: _____