



DOMESTIC WIRE TRANSFER ORDER

The member listed as originator below requests payment to be made to the beneficiary and account number named below. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of the credit union is to exercise ordinary care in processing this wire transfer and that the credit union is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

Disclaimer: Due to differing banking regulations and practices throughout the world, it is not possible for any U.S. institution to guarantee delivery of a wire transmitted outside the U.S., nor is it possible to guarantee a time frame for delivery.

Section 1: ORIGINATOR INFORMATION (All fields required)

Member Name	
Account Number	
Phone Number	
Member Address PO Box not accepted	
Amount of Wire Transfer	
Member Signature	

Section 2: BENEFICIARY INFORMATION (All fields required)

Financial Institution Name	
ABA/Routing Number	
Beneficiary Name	
Beneficiary Account Number	
Beneficiary Address PO Box not accepted	
Purpose of Wire	
Special Instructions **Optional**	

Section 3: INTERMEDIARY BANK (If applicable)

Bank Name	
Routing Number	

Domestic Wire Fee \$25 ☐

FOR CREDIT UNION USE ONLY		
ID Type	ID No.	Exp Date
Completed By:		
Branch:		