



WIRE TRANSFER REQUEST
\$15.00 Fee

Date _____

Member Name _____

Address _____

From account number at Airco FCU _____ suffix _____

Amount to wire transfer \$ _____

Your call back phone # () _____

Receiving Institution Name _____

Routing & Transit Number _____

Final credit to (name) _____

Beneficiary Address _____

Account Number _____

I understand that Airco Federal Credit Union (Airco FCU) is acting strictly as an agent and will act only on the instructions that I have provided. In the event that the information provided is incomplete or incorrect, I release Airco FCU from any liability that may result, and I accept responsibility of any additional processing fees which may result. The payee or any Financial Institution (FI) may be identified by name and/or account number (or ABA #). Airco FCU (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. Regulation J governs a wire transfer cleared through the Federal Reserve. I authorize Airco FCU to transfer funds as described herein and debit my account in the amount transferred, plus applicable charges. Wire Transfers are scheduled to be processed prior to 12:30 pm. Any wire transfer request received after 12:30 pm will be processed the following business day prior to 12:30 pm. Fees: \$15.00 all domestic and No Fee for Cu to Cu wire transactions.

Member Signature _____

For office use:

Member Signature Verified by _____

Request received via: Fax Letter Email InPerson Notes:

Funds Available? _____ No holds, pledges, restrictions (FEE \$15.00)

OFAC Verified by: Employee Name _____ on Date _____

CATALYST Completed by _____ Date _____

Transactions over \$2500.00 Verification Employee Initials: _____ Date _____