

Wire Transfer Request

Date Requested:

Time Requested:

Wire Transfer Deadline 4:00 p.m.

Originator Name _____ Identification _____

Address _____

City _____ State _____ Zip _____

Source of funds or Account # _____ Phone _____

Amount _____ Wire Transfer Fee _____

Beneficiary Name _____

Address _____

City _____ State _____ Zip _____

Account number to be credited _____

Bank Name _____ Routing (9 digits) _____

Address _____

City _____ State _____ Zip _____

Additional Information (16 characters) _____

Security Questions: Please check the applicable box for each question

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Were you promised a large amount of money in return for sending this wire? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you wiring funds which were deposited by someone you do not know? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Were you instructed to wire money in order to claim lottery or prize money? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you wiring money in response to a guaranteed credit card or loan offer? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you wiring money in response to an internet or phone offer? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you wiring money to someone you do not know? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you wiring money to participate in a foreign lottery? |

I authorize you to debit my account indicated above for the amount of the wire transfer plus the fee. I understand that if there is an inconsistency between the name and the account number, payment may be made on the basis of the account number even if it identifies a person different from the named beneficiary.

Authorized Signature _____ Date _____

Under no circumstances shall there be any obligation or liability on ACC Credit Union to make refund or pay any damages in connection with this transaction. All risks being expressly assumed by the account holder.

For financial institution use only:

Wire Transfer Request received: in-person by phone by fax

If other than in-person, method of identification _____

Signature verified Balance verified Callback Requested YES NO (phone number above)

Emp ID _____ Branch _____ Date _____

Account Debited OFAC scan Wire Complete Callback Performed

Completed by Emp ID _____ Date _____

Officer authorization _____ (for wires over \$5000)