



Outgoing Wire Request Form

Original Date of Request _____

SENDER/PAYER INFORMATION

Name _____ Day Phone # _____

Address _____ Transfer Amount \$ _____

City, State, Zip _____

Reason for Wire _____

RECIPIENT/PAYEE INFORMATION

Name _____

Address _____

City, State, Zip _____

Account Number _____

Type of account: (circle one) Checking savings

Special Identifier of Recipient (ie: SSN, TIN, DL#) _____

RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution _____

Address _____

City, State, Zip _____

ABA Routing/Transit Number _____

Swift Code (International Wire Only) _____

Special Routing Instructions _____

Employee accepting request: _____

Fee: (circle one) Paid Unpaid Waived

\$ amount of fee collected: _____ Identification Used _____

FUNDS/WIRE TRANSFER REQUEST

You may identify the payee or any financial institution by name and by account number (or ABA routing number). Millstream Area Credit Union (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. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize Millstream Area Credit Union to transfer funds as described herein. This transfer will result in a debit from your account in the amount transferred, plus applicable charges.

X
Account Owner _____

INTERNAL USE	
Processing Department Only	
Date: _____	Time: _____
Call Back Verification: Y N	One time: _____
Number Called: _____	Source of Number: _____
Name of Person: _____	Subject to transfer agreement: _____
Processed by _____	Last date phone no changed: _____
OFAC Verified Y or N (circle one)	
Method of Transfer _____	
Dual Control Verification by: _____	
Date: _____	Time: _____
Security method used: _____	