

Funds/Wire Transfer Request

Sender/Payer Information

Name _____ Day Phone # _____

Address _____ Transfer Amount \$ _____

City, State, Zip _____

Recipient / Payee Information

Name _____

Address _____

City, State, Zip _____

Account Number _____

Special Identifier of Recipient (i.e.: SSN, TIN, DL#) _____

Recipient / Payee Financial Institution Information

Name of Financial Institution _____

Address _____

City, State, Zip _____

ABA Routing/Transit Number _____

Branch Information _____

Special Routing Instructions _____

You may identify the payee or any financial institution by name and by account number (or ABA routing number). The 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 the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges.

Account # _____

Account Owner Signature _____ Date _____

❖ Request must be received before 11:30 am to be processed within the same day.

Official Use Only

Date & Time _____ Fee Amount _____

Transaction/control # _____ Processed by _____

Download this form using Acrobat Reader. Print form, complete, sign, date and submit the request to the Credit Union by fax, mail or in person.



**Strategic
Federal Credit Union**

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