



Domestic Outgoing Wire Transfer Request Form

Date Received: _____

Received By: _____

Outgoing wire cutoff time to be entered in and verified with Corporate America is 2:30 p.m. for **Domestic wires**.

Member Information: Name: _____

Physical Address: _____ Account Number: _____

City, State, Zip Code: _____

ID # & Type: _____ Telephone #: _____

Purpose of Wire: _____

Relationship to Recipient: _____

Beneficiary/Recipient Information: Name: _____

Amount: _____ Fee: **\$25.00** Account Number: _____

Physical Address: _____ Telephone #: _____

City, State, Zip Code: _____

Information for Beneficiary: _____

Beneficiary Bank Information:

Institution Name: _____

Physical Address: _____

City, State, Zip Code, Country: _____

Phone Number: _____ ABA/Routing Number: _____

Intermediary Bank Information:

Institution Name: _____

Physical Address: _____

City, State, Zip Code, Country: _____

Phone Number: _____ ABA/Routing Number: _____

Information for Intermediary Bank: _____

By signing, I certify that the information is correct and acknowledge responsibility for any error or omission resulting from incorrect/inaccurate information provided. I understand Colorado FCU has the right to reject any wire transfer request. I hereby release Colorado FCU from all liabilities from any loss unless the loss arises from the credit union's failure to exercise ordinary care.

Member Signature: _____

Credit Union Creation/Completion Information

OFAC pulled and Attached for ALL Beneficiaries and the Sender - Member(s) Added to Wire Log

Wire amount debited from account Fee debited from account

Date: _____ Time: _____ Verification #: _____ Initials: _____

Verification Process: _____

Date: _____ Time: _____ Verifying CU Employee: _____

Approved: Yes No Why not: _____