

# OUTGOING WIRE TRANSFER AUTHORIZATION

Fax completed form to: (906) 632-4360

Questions? Please call: (906) 632-4210

### Deadlines: 4:00 pm- Domestic

Any request received after 4:00 p.m. EST will not be processed until the next business day.  
FECCCU cannot control the delivery date of the receiving financial institution.

### SENDER INFORMATION (required for all wires)

Date of Transfer: \_\_\_\_\_

FECCCU account number/suffix \_\_\_\_\_ Amount of wire: US \$ \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Member's Home/Work # \_\_\_\_\_ Member's Mobile # \_\_\_\_\_

### RECEIVER BANK INFORMATION (required for all wires)

Receiver's bank name \_\_\_\_\_

Receiver's bank Address \_\_\_\_\_

Receiver's bank ABA number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Domestic Wires Only must be 9 digits)

### RESPONDENT BANK INFORMATION (if applicable)

Respondent's bank name \_\_\_\_\_

Respondent's bank Address \_\_\_\_\_

Respondent's bank account # \_\_\_\_\_

### BENEFICIARY/ RECEIVER INFORMATION (required for all wires)

Beneficiary name \_\_\_\_\_

Beneficiary bank account # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Special Instructions (optional- used for sending a message to the beneficiary (e.g. invoice number, tuition payment etc.))

If you originate a wire transfer of funds and you identify by name and number a beneficiary financial institution, an intermediary financial institution or beneficiary, we and every receiving or intermediary financial institution may rely on the identifying number to make payment. **We may rely on the number even if it identifies a financial institution or account other than the one needed.**

Authorizing Signatures : (all wire transfer authorization forms must be signed by an Authorized Account Holder) By signing below, I certify that the information on this form is correct and I have read and agree to the terms and conditions of the Electronic Funds Transfer policy in the Account Agreement and Terms of Disclosure governing the referenced account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only OFAC Check

Sender (circle one): MATCH/NO MATCH

Receiver (circle one): MATCH/NO MATCH

Bank (circle one): MATCH/NO MATCH

Respondent Bank (circle one): MATCH/NO MATCH

Request taken by (name and tlr #) \_\_\_\_\_

Verified by (name and tlr #) \_\_\_\_\_

Sent by (name and tlr #) \_\_\_\_\_

Debit by (name and tlr#) \_\_\_\_\_