MTCU

Phone: 432-688-7300
Toll Free 1-800-962-4143
www.mtcu.org

FUND/WIRE TRANSFER REQUEST

IMPORTANT INFORMATION — This document supports consumer domestic transfers, business domestic transfers, and business international transfers. This document will also support consumer international transfers that are not deemed remittance transfers.

☐ One Time   ☐ Subject to Fund/Wire Transfer Agreement

SENDER / PAYER INFORMATION

Name:_____ Day Phone No:_____

Address:_____

City/State/Zip:_____

Transfer Amount: $_____

Special Payment Instructions from Sender:_____

RECIPIENT / PAYEE INFORMATION

Name:_____

Address:_____

City/State/Zip:_____

Country:_____

Account No. or IBAN:_____

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

RECIPIENT / PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:_____

Address:_____

City/State/Zip:_____

ABA Routing/Transit No:_____

Swift/Sort Code:_____

Branch Information:_____

Special Routing Instructions:_____

INTERMEDIARY FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:_____

Address:_____

City/State/Zip:_____

ABA Routing/Transit No:_____

Swift/Sort Code:_____

Branch Information:_____

Special Routing Instructions:_____

CURRENCY INFORMATION

Currency Type:_____

⌐ ACCOUNT OWNER(S), MAILING NAME AND ADDRESS:

MEMBER NO:_____

You may identify the payee or any financial institution by name and by account number or other appropriate identifier. 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. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. Fund/wire transfers may be governed under Regulation E or the Uniform Commercial Code (UCC), Article 4A, dependent upon the nature of the transaction. If a wire transfer is cleared through the Federal Reserve, the transaction will also be governed by Regulation J.

ACCOUNT OWNER/AUTHORIZED PERSON SIGNATURE	DATE
X	

INTERNAL USE ONLY

Member Confirming Funds Transfer Request:_____
_____

Date and Time of Request:_____

Amount of Fee: $_____

Identification Used:_____

Method of Transfer:_____

Transaction/Control No:_____

Processed By:_____

OFAC Verification By:_____

Special Instructions:_____

Security Method Used:_____

Date and Time:_____

Processed By:_____

For Callbacks (if applicable):

Employee Performing Callback:_____

Phone No. Used for Callback:_____

Source/Verification of Secure Telephone No:____

Member Cancelling Request:_____

Cancel Date:_____

Processed By:_____

CREDIT UNION COPY

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