1730 Alysheba Way | Lexington, KY 40509
t:800.234.8528 | p:859.264.4200 | f:859.264.4202
www.ukcreditunion.org

Fund/Wire Transfer Request

Member No:

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 Transfer ☐ Recurring Transfer ☒ Subject to Funds/Wire Transfer Agreement

ORIGINATOR/PAYER INFORMATION

Name:
Address:
City, State, Zip: Country Code:
Account No: Day Phone No:
Transfer Amount: $ Purpose of Transfer:
Special Payment Instructions:

BENEFICIARY/PAYEE INFORMATION

Name:
Address:
City, State, Zip: Country Code:
Account No or IBAN: Currency Type:
Special Identifier of Beneficiary: SSN: TIN: ID No:

BENEFICIARY/PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:
Address:
City, State, Zip: Country Code:
ABA Routing Transit No: Swift/BIC Code: Branch Information:
Special Routing Instructions:

INTERMEDIARY FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:
Address:
City, State, Zip: Country Code:
ABA Routing Transit No: Swift/BIC Code: Branch Information:
Special Routing Instructions:

AUTHORIZATION

You authorize the Credit Union to transfer funds as described herein and debit your account for the amount of the fund/wire transfer plus applicable charges. You may identify the beneficiary/payee or any financial institution by name and by account number or other appropriate identifier. The Credit Union (and other financial institutions) may rely on the account or other identifying number you provide as the proper identification, even if it identifies a different party or financial institution. Fund/wire transfers may be governed under Regulation E or Article 4A of the Uniform Commercial Code depending on 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	

CREDIT UNION USE ONLY

Member Confirming Request: ID Used:

Date/Time of Request: Amount of Fee: $ Method of Transfer:
OFAC Verification By:
Special Instructions:

Security Method Used: Date and Time:

Callback Details (if applicable)
Performed By: Callback Phone No:
Source/Verification of Secure Phone No:

Member Cancelling Request: Cancel Date:
Processed By:

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