



DOMESTIC WIRE TRANSFER ORDER

The member listed as originator below requests payment to be made to the beneficiary and account number named below. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of the credit union is to exercise ordinary care in processing this wire transfer and that the credit union is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

DATE:

WireTransfer Order Submitted:	<input type="checkbox"/> In Person	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> DocuSign
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Disclaimer: Due to differing banking regulations and practices, it is not possible for any U.S. institution to guarantee delivery of a wire transmitted, nor is it possible to guarantee a time frame for delivery.

ORIGINATOR INFORMATION: PLEASE PRINT

Member Name	
Account Number	
Daytime Phone Number	
Member Street Address , City, State, Zip Code (NO P.O. BOXES) -MUST have for ALL Wires	
Amount of Transfer	
Member Signature	
Wire Password - Must have signed Wire Agreement on file	

BENEFICIARY INFORMATION: PLEASE PRINT

Financial Institution Name	
ABA/Routing Number	
Branch Information	
Intermediary Bank/Financial Institution (optional)	
Intermediary Account/Reference Number (optional)	
Final Beneficiary/ Final Credit	
Final Beneficiary/ Final Credit Account Number	
Beneficiary Street Address, City, State, Zip Code (NO P.O. BOXES) -MUST have for ALL Wires	
Special Instructions	

FOR CREDIT UNION USE ONLY

Identity Verification
In Person: verify and document government issued Identification; *Phone:* verify at least 3 identifiers to confirm identity; *Fax/DocuSign:* verify 2 identifiers

Identification: Type: _____ ID# _____ Exp. Date _____
 SEG work ID
 SSN
 Other: _____ [i.e. recent transactions, payroll info, phone #'s, address]
 Wire Password (must have signed Wire Agreement on file)

Verification completed by: _____
Print Name Signature

Account Debit Verification

Wire Amount Wire Fee Date: _____

Verification Completed By: _____
Print Name Signature

Transfer Information Callback Domestic

Date of Transfer: _____ Wire ID # _____ OFAC

Transfer Performed By: _____
Print Name Signature

Approval/Release wires over \$1,000 Date: _____

Approved/Released by _____
Print Name Signature