

DOMESTIC WIRE TRANSFER FORM

Please print very clearly – errors will delay processing

SENDER INFORMATION

First Name:		Last Name:	
Street Address:		City:	
State:	Zip:	Daytime Phone:	
Email:			

The transaction requested will result in a debit of an account. If you suspect fraud, do not perform the funds transfer.

CFCU Account to withdraw funds from: # Savings or Loan Checking

Share/Loan ID:

Please refer to the credit union fee schedule for the outgoing domestic wire transfer fee

RECEIVER INFORMATION

Before you complete this form, please call the receiving institution and ask them to provide the details below

Amount of transfer: \$	<input type="text"/>	Name of receiving Institution:	
Street Address:		City:	State:
Institution's 9-Digit Routing #:		Account #:	
Beneficiaries Name (Person receiving funds):			
Beneficiaries street address (If available):		City:	State:
End Beneficiary/Special instructions:			

IF this transfer will pass through an intermediary financial institution before its final destination, please complete the following:

Name of intermediary institution:	
Receiving bank's account number at intermediary bank:	
Intermediary institution address:	City:
State:	

This request is not complete until all information requested hereon is provided by member. Transfers may settle by the beneficiary bank's routing number and the beneficiary's account number, even if the name provided for the beneficiary bank and/or beneficiary account do not match. The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect/inaccurate information provided. The undersigned does not have a right to cancel or amend this order. The undersigned agrees to hold the Credit Union harmless from all claims and damages arising from this order. The undersigned authorizes Community First Credit Union to use any means it deems suitable for the transmission of the funds and understands and agrees that in carrying out this wire transfer, the credit union acts only as an agent. The undersigned hereby releases the Credit Union from all liabilities from any loss whatsoever unless the loss arises out of the credit union's failure to exercise ordinary care, failure to act in good faith, or failure to act in accordance with the undersigned's instructions given pursuant to this authorization. If the undersigned's authorization identifies the beneficiary both by a name and an identifying or bank account number and the name and number identify different persons, payment of cancellation of the order may be made solely on the basis of the number. **The undersigned acknowledges that when a payment order is issued, the Credit Union's security procedure involves a callback verification and other identification methods such as photo identification, signature verification and/or account transaction reviews. The undersigned agree that the security procedures employed are standard and commercially reasonable.** The FedWire system may be used for this wire transfer. The credit union will not be liable to make any refund to the undersigned for canceled requests until after the credit union receives confirmation of the returned funds. The credit union has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of the funds. **Wire transfer instructions received after the credit union's cutoff time (2:30pm on any Federal Reserve Business Day), or a day the Federal Reserve Bank observes as a holiday, will be processed the following business day.** Federal Reserve Regulation J is the law covering Fedwire transactions. Any electronic transfers that we permit that are subject to Article 4A of the Uniform Commercial Code (UCC) will be subject to the provisions of the UCC as enacted by the State of California. A fee will be assessed in accordance with the current credit union Cost Recovery Schedule

MEMBERS SIGNATURE		DATE	
TELEPHONE NUMBERS:	DAY	EVENING	WORK

INTERNAL USE ONLY	Date	Phone number used for call back
	Time	Source of callback phone number
Source of request	Information verified in person:	Information verified via phone:
Branch Phone Fax Mail <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1.	1.
	2.	2.
	3.	3.
Branch call MSR Employees ID/initials:	Receiving Employee Signature/ID:	
Member call back CC employees ID/initials:		
Branch email notification (attach copy):		
Manager/Supervisor/Verifier Signature/ID:	GL Account # 734100.0 Comment: Acct#/Last Name/Domestic Wire Fee GL # wire.0	