



Wire Transfer Request

WIRE TRANSFERS MAY TAKE UP TO ONE BUSINESS DAY TO PROCESS
 RETURN TO: MEMBER SERVICES DEPARTMENT FAX: 562-237-5111

700 North Harbor Blvd.
 La Habra, CA 90631

Omission of any information may delay your request. All requests MUST be received by 11:30 a.m.		WALK IN <input type="checkbox"/>	FAX <input type="checkbox"/>
MEMBER INFORMATION			
MEMBER NAME	MEMBER ACCOUNT NUMBER WITH SUFFIX AND ACCOUNT TYPE	AMOUNT (\$100 Minimum) \$	
ADDRESS	CITY	ST/ZIP	FEE <input type="checkbox"/> \$25 For wire within the United States <input type="checkbox"/> \$40 For International Wires
DATE OF BIRTH	LAST 4-DIGITS SOCIAL SECURITY #	CDL#	HOME PHONE WORK PHONE
		Please supply copy of valid photo ID on requests over \$1,000	
BENEFICIARY INFORMATION			
BENEFICIARY'S BANK NAME (NAME OF RECEIVING INSTITUTION)		ROUTING #/SWIFT CODE	
BANK ADDRESS	CITY	ST/ZIP/COUNTRY	
INTERMEDIARY U. S. BANK NAME		ROUTING #	
BANK ADDRESS	CITY	ST/ZIP	
BENEFICIARY'S NAME		BENEFICIARY'S ACCOUNT #	
BENEFICIARY'S ADDRESS			
ORIGINATOR TO BENEFICIARY INFORMATION (ESCROW#, DETAIL OF PAYMENTS, ETC.)			
COMMENTS			
IMPORTANT INFORMATION			
<p>I hereby authorize American First Credit Union to debit the account number described above to complete this wire transfer request.</p> <p>If the name and account number of a beneficiary and/or name and identifying number of a financial institution are provided, we and other financial institutions may process the payment order (wire transfer) based upon the account number (beneficiary) and/or identifying number (financial institution) alone, even though the number may identify a person or financial institution other than the person or financial institution named.</p> <p>You agree to the FUNDS TRANSFERS AGREEMENT AND NOTICE terms of American First Credit Union's Truth-In-Savings Disclosure. You also agree that the Security Procedures contained within must be satisfied before the Wire Transfer Request is considered complete.</p> <p>Incomplete applications or information that does not match Credit Union records will require additional documentation and may not be processed.</p>			
MEMBER'S SIGNATURE		DATE	

INTERNAL USE ONLY			
TYPE OF ID VERIFIED		VERIFIED BY	ACCOUNT FUNDS 5 DAY MINIMUM <input type="checkbox"/>
<input type="checkbox"/> Driver's License <input type="checkbox"/> State Identification <input type="checkbox"/> Other (Specify)			
WIRE TRANSFER ENTERED BY	ACCOUNT DEBITED BY	COPY OF PICTURE ID ATTACHED <input type="checkbox"/>	
WIRE TRANSFER VERIFIED BY	DAY / TIME WIRE SENT		
OFAC SCREENED BY	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	MUST PASS OFAC SCREENING – RESULTS ATTACHED	
ASSOCIATE APPROVAL			
MANAGER / DIRECTOR / AVP / VP / ET APPROVAL (IF REQUIRED)			