



Wire Transfer Request

WIRE TRANSFERS MAY TAKE UP TO ONE BUSINESS DAY TO PROCESS
 RETURN TO: ACCOUNT 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 (Outside)	
DATE OF BIRTH	LAST 4-DIGITS SOCIAL SECURITY #	CDL#	HOME PHONE	WORK PHONE
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 terms of "Regulations Relating to Fund Transfers" provisions of the 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><u>Incomplete applications or information that does not match Credit Union records will require additional documentation and may not be processed.</u></p>				
MEMBER'S SIGNATURE			DATE	
DEPARTMENT/BRANCH USE ONLY				
TYPE OF ID VERIFIED <input type="checkbox"/> Driver's License <input type="checkbox"/> State Identification <input type="checkbox"/> Other (Specify)		VERIFIED BY	TELLER INITIALS	ACCOUNT FUNDS 5 DAY MINIMUM <input type="checkbox"/>
DEPARTMENT/ BRANCH ASSOCIATE SIGNATURE			MANAGER/SUPERVISOR SIGNATURE	COPY OF PICTURE ID ATTACHED <input type="checkbox"/>
ACCOUNT SERVICES USE ONLY				
DAY/TIME WIRE SENT	ENTERED BY		OFAC VERIFIED BY	
SEQUENCE #	ACCOUNT DEBITED BY		TRANSFER VERIFIED BY	
REGULATION D TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO		ACCOUNT TYPE <input type="checkbox"/> D = DDA, <input type="checkbox"/> S = SAV, <input type="checkbox"/> C= COD, <input type="checkbox"/> L = LNA OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL REQUEST NOT VALID WITHOUT OFAC CHECK STAMP		
MANAGEMENT APPROVAL (IF REQUIRED)				
AVP / VP APPROVAL (IF REQUIRED)				