



Wire Transfer Form
(Non-Repetitive)

Member's Name: _____

Date of Request: _____

Account Number: _____

Phone Number: _____

Social Security Number: _____

Driver's License Number: _____

Note: Verification Required on wires for \$1,000.00 or more.

Receiving Institution:

ABA/Routing #: _____

Name: _____

City and State: _____

Further Credit:

ABA/Routing #: _____

Name: _____

City and State: _____

Final Credit:

Is the final beneficiary's account a US Dollar Account? Yes ___ No ___

Name: _____

Account #: _____

Street Address: _____

City, State, Zip: _____

If Applicable or if Needed:

Escrow #: _____

Escrow Name: _____

Attention Message: _____

Wire Amount \$ _____ + Fee: \$12.50 = Total \$ _____
(International Wire fee \$30.00)

REMITTER AUTHORIZATION

The undersigned authorizes the Credit Union to initiate the transfer of funds and charge the account indicated. The Credit Union is released from all responsibility, obligation, and/or costs associated with other banks actions, fees, or failure to deliver funds. I hereby accept and understand that any fees, charges, or commissions levied by correspondent banks with respect to this transaction are the responsibility of either the Remitter, the Beneficiary, or Both.

Member signature

Employee Signature

*****FOR OFFICE USE ONLY*****

Member Verification:

Number called: _____

Date & Time: _____

Method of Verification: _____

Called by: _____

WesCorp:

Spoke With: _____

Called in By: _____

Date & Time: _____

WesCorp Verification: _____

- OFAC inquiry has been done _____.

Form Faxed or Given to: _____ **Verification Done By:** _____