



# Blue Water Federal Credit Union Wire Transfer Request Form

\* = REQUIRED FIELDS

| ORIGINATOR/MEMBER INFORMATION                                                                      |           |                                                                                                               |                       |
|----------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------|-----------------------|
| NAME*                                                                                              |           | ACCOUNT NUMBER*                                                                                               | SUFFIX* PHONE NUMBER* |
| ADDRESS*                                                                                           |           | CITY*                                                                                                         | STATE* ZIP CODE*      |
| AMOUNT TO TRANSFER*<br>\$                                                                          |           | <i>A processing fee will be added to the transfer amount. See Fee Schedule for current wire transfer fee.</i> |                       |
| RECEIVING FINANCIAL INSTITUTION INFORMATION – FED RECEIVING POINT                                  |           |                                                                                                               |                       |
| RECEIVING INSTITUTION'S NAME*                                                                      |           | ROUTING NUMBER*                                                                                               |                       |
| CITY*                                                                                              |           | STATE*                                                                                                        |                       |
| INTERMEDIATE FINANCIAL INSTITUTION – FURTHER CREDIT FROM FED RECEIVING POINT IF NOT BENEFICIARY FI |           |                                                                                                               |                       |
| RECEIVING BANK'S NAME                                                                              |           | ROUTING NUMBER                                                                                                |                       |
| CITY                                                                                               |           | STATE                                                                                                         |                       |
| BENEFICIARY INFORMATION – FINAL CREDIT                                                             |           |                                                                                                               |                       |
| NAME*                                                                                              |           | ACCOUNT NUMBER*                                                                                               |                       |
| STREET ADDRESS*                                                                                    |           | CITY*                                                                                                         |                       |
| STATE*                                                                                             | ZIP CODE* | PHONE NUMBER*                                                                                                 |                       |
| REFERENCE INFORMATION (IF APPLICABLE)                                                              |           |                                                                                                               |                       |

The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect/inaccurate information provided. The undersigned authorizes Blue Water Federal Credit Union (BWFCU) to use any means it deems suitable for the transmission of the funds and understands and agrees that in carrying out this wire transfer, BWFCU acts only as an agent. The undersigned hereby releases BWFCU from all liabilities from any loss unless the loss arises out of BWFCU'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 or cancellation of the order may be made solely on the basis of the number. BWFCU will not be liable to make any refund to the undersigned for canceled requests until after BWFCU receives confirmation of the returned funds. BWFCU has no influence or responsibility for fees or surcharges imposed by the other financial institutions involved in the transfer for the funds. Wire transfer instructions received on a day the Federal Reserve Bank observes as a holiday and BWFCU is open for business, will be processed on the following business day. If for any reason there are insufficient funds in your account to cover the full amount of the requested wire transfer at the time we initiate the transfer, we will not send the wire. Unless this form is completed in person, BWFCU will contact you to confirm your authorization before we complete this wire. **\*ALL REQUIRED INFORMATION ON THIS FORM MUST BE COMPLETED.** Failure to complete all required fields will result in delays.

## TO BE PROCESSED SAME DAY, WE MUST RECEIVE WIRE REQUEST BY 4:00 PM EASTERN TIME

|                   |                 |       |
|-------------------|-----------------|-------|
| MEMBER SIGNATURE* | CONTACT NUMBER* | DATE* |
|-------------------|-----------------|-------|

| INTERNAL – CREDIT UNION USE ONLY |                                                                          |                                          |                         |                            |
|----------------------------------|--------------------------------------------------------------------------|------------------------------------------|-------------------------|----------------------------|
| DATE RECEIVED                    | <u>CALLBACK VERIFICATION</u><br>Callback PH# _____<br>Contact Name _____ | OFAC CHECK<br>Initials _____             | DATE WIRED              | WIRED BY<br>Initials _____ |
| TELLER INITIALS                  | Verification Method _____<br>Date _____ Time _____ Initials _____        | MEMBER ACCOUNT DEBITED<br>Initials _____ | WIRE TRANSACTION NUMBER |                            |