

**SFCU OUTGOING WIRE TRANSFER FORM**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Amount to Wire: \_\_\_\_\_ Fee: \$20.00

**Originator**

Member Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Wire To**

Receiving Institution Name: \_\_\_\_\_

Wire Routing #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Beneficiary**

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Further Credit**

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reference Information to be sent with wire (optional): \_\_\_\_\_

I acknowledge, understand and agree that it is my responsibility to provide the Credit Union with the correct information for this wire transfer, and I agree to be liable for the amount of this wire transfer, plus applicable fees as outlined above. I agree that the Credit Union is not liable due to any erroneous information that is received. I agree that the Credit Union is not liable for failure to comply with the terms of this wire transfer when caused by legal constraint, interruption, or failure of transmission and/or communication failures, ware, emergency, labor dispute, act of nature, or other circumstances beyond the control of the Credit Union.

Member Signature: \_\_\_\_\_

Teller: \_\_\_\_\_ Verified Member: \_\_\_\_\_ Member signed receipt: \_\_\_\_\_ Funds withdrawn: \_\_\_\_\_ Fee charged: \_\_\_\_\_

Sender: \_\_\_\_\_ Withdraw Amount: \_\_\_\_\_ Verified By: \_\_\_\_\_ on receipt: \_\_\_\_\_