

**OUTGOING DOMESTIC WIRE AUTHORIZATION FORM**

DATE: \_\_\_\_\_

REQUEST TAKEN BY: \_\_\_\_\_

**SENDER INFORMATION (Originator)**

MEMBER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

On Record

Not on Record (verify at least 2 items below)

Password on account

Year member's account was opened

Named beneficiaries on account

Type or year of vehicle securing member's loan

Ask if they used Bill Pay (indicated by flag)

List other accounts held at the Credit Union

Last loan paid off – type or year of vehicle

Other -Explain \_\_\_\_\_

ACCOUNT: \_\_\_\_\_

SUFFIX: \_\_\_\_\_

\$25 FEE ACCOUNT: \_\_\_\_\_

SUFFIX: \_\_\_\_\_

**RECEIVER INFORMATION** (fields with \* are required)

\*RECEIVING INSTITUTION: NAME: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*RECEIVING INSTITUTION ABA (ROUTING) #: \_\_\_\_\_

\*FOR CREDIT TO: NAME: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*ACCOUNT #: \_\_\_\_\_

\*ACCOUNT TYPE: \_\_\_\_\_

FOR FINAL CREDIT TO: NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_

MISC. INSTRUCTIONS: \_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_

**\*QUESTIONS FOR THE ORIGINATOR OF THE WIRE** - Ask Member the following questions:

Do you know the receiver of the funds? **Y N** (If no was circled - Mgr. approval needed before sending wire) \_\_\_\_\_ (initial)

Did you receive funds from the receiver and then asked to wire a portion of those funds back to them? **Y N**  
(If yes was circled - Mgr. approval needed before sending wire) Mgr. Approval **Y N** \_\_\_\_\_ (initial)

**\*FRONT OFFICE USE** (Check all that apply)

Change of address and/or ph # in past 3 months **Y N** History review shows funds source is from incoming wire **Y N**

History review shows Large CK deposit **Y N** History review shows recent HE advance **Y N** Dormant Account **Y N**

Manager approval required if any Y's are circled: \_\_\_\_\_ Wire not approved: \_\_\_\_\_

MEMBER CALL BACK PERFORMED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

(\*Required for all phone, mail and fax requests, dormant accounts and for all in-person requests in excess of \$5,000)

\*OFAC CHECK ON RECIPIENTS DONE BY: \_\_\_\_\_ \*RECEIVING INST \_\_\_\_\_

**BACK OFFICE USE ONLY**

DATE SENT: \_\_\_\_\_ ENTERED BY: \_\_\_\_\_

WITHDRAWN FROM ACCT BY: \_\_\_\_\_ FEE TAKEN BY: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

(After funds have been withdrawn)

ACCOUNTING USE: \_\_\_\_\_