



**MEMBER OUTGOING WIRE FORM-
DOMESTIC WIRE**

Member's Name:
Member's Address:
City, State ZIP:

ABA:

Phone #:

Telegraphic Name:

Credit Union Account # to debit:

Amount:

Beneficiary Bank:

City/State/Zip:

1st/Correspondent Bank (if needed):

ABA/Acct#:

Final Credit to Beneficiary:

Acct:

Beneficiary Address:

Special Instructions:

NOTICE

When you initiate a wire transfer, you may identify either the recipient or any financial institution by name and account or identifying number. Verity Credit Union (and other institutions) may rely on the account or other identifying number you give, even if it does not match the party named in your instructions. Wire transfers are governed by Uniform Commercial Code Section 4-A and by Federal Reserve Regulation J if the transfer is cleared through the Federal Reserve. Transfer requests, changes, and cancellations received after 1:30 p.m. via fax or email, or after 2:00 p.m. in person, will be processed as of the following business day. (The cut off time for international wire requests and changes is 12:00 p.m.) If Verity is obligated under applicable state law to pay you interest, the interest rate shall be equal to the dividend rate payable on the account to/from which the funds transfer was or should have been made.

I authorize Verity to execute the transfer described above in accordance with the Membership and Account Agreement and Wire Transfer Agreement and debit my account in the amount requested plus applicable charges (if I have not otherwise paid Verity). I have read and understand this notice regarding wire transfers.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Request Received on ____/____/____ by: _____ In Person Phone Fax Mail

Wire Agreement Provided to member: YES NO
Wire Agreement: Signed and in FastDocs New

Verification Information (Photo ID is required when a wire is requested in person.)

Specific Acct Activity Code or Password Photo ID# _____

Other verification: _____ Signature(s) matches Acct Form? ____ Date of form: _____

OFAC checked? Yes No

For wires received via fax, phone or email-complete verification information below:

Address Change within 6 months? Yes No (If Yes, see procedures) _____ Initials and Teller ID _____

Phone number matches OSI: Yes No

Callback Yes No Reason? _____ Called back by: _____

Phone Number used for Callback: _____ Phone changed in last 30 days? Yes No

Information verified during callback: _____

Acct Debited and Fee charged by (staff name): _____ Teller# _____ Date: _____ Time: _____

Approved by: _____ Date: _____ Time: _____

Fed Line done by: _____ 2nd Verifier: _____



DOMESTIC OUTGOING WIRE FORM-EXAMPLE

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DOMESTIC WIRE**

We recommend that you contact the receiving institution and obtain specific wiring instructions prior to sending your request. This will assist us in ensuring that your funds are sent promptly and accurately. Please use this example as a guide. Always remember to sign your request.

Member's Name: Melvin Member *(your name)*
Member's Address: 1234 Main Street Apt 132
City, State ZIP: Seattle, WA 98133

Phone #: 206-123-4567

ABA: 123000123 *(The financial institution's routing number for incoming wires)*
Telegraphic Name: *(For Credit Union use only)*

Credit Union Account # to debit: 3456789
(your 7 digit Verity Account #)

Amount: \$1,000.00 *(Amount of the wire)*

Beneficiary Bank: Grand General Bank
City/State/Zip: General City, North Dakota

1st/Correspondent Bank (if needed): if needed *(refer to wire instructions)*

ABA/Acct#: *(Routing number for 1st correspondent bank)*

Final Credit to Beneficiary: Allison Member *(Receiver of the funds)*

Acct/IBAN#: 88556652 *(Account number receiving the wired funds)*

Beneficiary Address: 5678 Bahamas Ave
Temple Terrace, FL 33617
(Address of the beneficiary)

Special Instructions: Final Credit Allison Member Investment #123456
(Any additional wiring instructions needed, for example Escrow Numbers or other descriptive information)

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