

WIRE TRANSFER REQUEST

Member: _____

Acct. # _____

Address: _____

Charge Account: _____

Amount of Transfer \$ _____

Institution Fee \$ 25.00

WIRE TO:

Financial Institution _____

Address _____

Routing / ABA # _____

Account # _____

Account Title _____

BENEFICIARY:

Name: _____

Address _____

You may identify the payee or any financial institution by name and by account number (or ABA routing number). The Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. Self Reliance (NJ) F.C.U. assumes no liability, express or implied regarding the safety of the funds being wired and makes no representation regarding receipt of the funds by the transferee.

Member Signature: _____

Date: _____

Officer: _____

Wire Dept.: _____

Verified by: _____

OFAC verified: _____