



Wire Transfer Request and Authorization Form

Fax: 816.221.4264

In this Wire Transfer Request and Authorization ("Request") the words "You" and "Member" mean the member making this Request. The words "We", "Us", "Our" and "Credit Union" mean Holy Rosary Credit Union.

This Section A to be Completed by (or on Behalf of) the Member Requesting the Wire Transfer

Member's Name (Originator/Sender):		Member's Account # to be Debited:	
		Member's Share Type to be Debited:	
Member's Address:		City, State, Zip Code:	
Home Phone Number: () -	Work Phone Number: () -	Other Phone Number: () -	
Transfer Amount: \$	Fees: \$	Total Transaction: \$	
Destination Financial Institution:		Routing and Transit Number of Destination Financial Institution:	
Address/City/State/Zip of Destination Financial Institution:		Intermediary Bank Name & Address (if wire passes through another institution):	
Name of Beneficiary:		Account Number of Beneficiary:	Address of Beneficiary (if available):
Additional Payment Instructions:		Purpose:	

By signing below, you (the member) authorize us (the Credit Union) to transfer funds as described above and debit your account for the amount transferred, plus any applicable fees and charges (domestic wire fee is \$15 and the international wire fee is \$35). You acknowledge that this transfer is being made in accordance with the terms of our Membership and Account Agreement (that you have received a copy of and agree to its terms) and the Account Card. You authorize us to deduct the appropriate wire transfer fee. *For international wires: You understand and agree that while we will make every effort to expedite the transfer of funds, the Credit Union is not liable for any delays which may arise in delivery to beneficiary. This form does not constitute a guarantee of international funds delivery.*

Member's Signature:	Date:
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From this point on, this form is for Internal Credit Union use only

This Section B to be completed by Member Service/Solution Center or Accounting Representative receiving initial request		Request Received: <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail	
Date Received:	Verification Information: <input type="checkbox"/> Photo: ID # _____ <input type="checkbox"/> Mother's Maiden Name _____ <input type="checkbox"/> Specific Account Activity <input type="checkbox"/> Password/Pin <input type="checkbox"/> Other	Address and phone numbers same as on file: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signatures match those on file: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Telephone Request
Time Received:	If the form was not completed in person by the member and subsequently signed, did you read the part in Section A beginning with "By signing below, you" and get agreement from the member? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA In Person		

I certify that I have confirmed with the member the specific wire instructions, including the routing and transit number of the receiving financial institution, the name and account number of the beneficiary and the amount to be transferred. As well, on telephone requests, I have read to the member the information under *Additional Payment Instructions* and the *By signing below* section: (This statement won't apply for Fax/Mail Request, but please still sign below that you have completed all the other steps in this Section.) Employee Signature: _____ Teller ID#: _____ Date: _____

This Section C to be completed by Accounting Representative making the callback		Called back by: Date: Time:	
Callback Made: <input type="checkbox"/> Yes <input type="checkbox"/> No (specify) - <input type="checkbox"/> Under Limit <input type="checkbox"/> Other (Specify)	Verified members agreement with the wiring instructions, amounts, and agreement to the "By signing below section." <input type="checkbox"/> Yes <input type="checkbox"/> No	Call back Information Verified: <input type="checkbox"/> Password/Pin <input type="checkbox"/> Mother's Maiden Name <input type="checkbox"/> Specific Account Activity <input type="checkbox"/> Other _____	

This Section D to be completed by Accounting Representative completing the final steps of the wire transfer			
OFAC check completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Posted to Member Account: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Posted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time Transferred:

Accounting Employee doing transfer:
Initials: _____ Teller #: _____

Accounting Employee verifying transfer:
Initials: _____ Teller #: _____