

WIRE TRANSFER REQUEST

- **Fees:** Refer to LAFCU "Rates & Fees" brochure or www.lafcu.org
- **1:00pm:** For all wires, completed form and copy of valid photo ID must be received before **1:00 pm** for same day processing.
- **Wires greater than \$25,000 must be authorized in person at a LAFCU branch.**
- Complete name and address for originator, receiving financial institution and recipient information is required for the timely processing of the wire transfer request.

WIRE AMOUNT \$ _____ WIRE TRANSFER FEE: \$ _____ DOMESTIC INTERNATIONAL

CREDIT UNION USE ONLY:

PROCESSED BY: _____ APPROVED BY: _____ APPROVED BY: _____ DATE: _____

RECEIVING FINANCIAL INSTITUTION'S INFORMATION

Financial Institution: _____ ID # _____
(9 Digit Routing #/Domestic, SWIFT /International)
Street Address: _____ City: _____
State: _____ Zip Code: _____ Country: _____

SECONDARY BANK INFORMATION (Complete if necessary for further credit)

Financial Institution: _____ Account #: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Country: _____

RECIPIENT INFORMATION (Individual receiving funds/Final Credit)

Name: _____ Account #: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Country: _____

Additional Information: _____
(For Escrow/Title Co please provide escrow/title number)

ORIGINATOR INFORMATION (MEMBER SENDING FUNDS)

Member Name: _____ Account # _____
Withdrawal from : Checking Savings
Street Address: _____ City: _____
State: _____ Zip Code: _____ Country: _____
Additional Instructions: _____

MEMBER SIGNATURE **DATE** **()**
CALL BACK # (Must match # on file)

By signing above, I certify that the information on this form is correct. I have read and understand the risks and agree to the terms and conditions of the Wire Transfer Agreement contained in the Master Agreements and Disclosures governing the referenced account. I authorize the withdrawal of the service charge and the processing of the above described wire. I also hold LAFCU harmless for any delays or losses providing that LAFCU acts in good faith and with reasonable care.



P.O. Box 53032 • Los Angeles, CA 90053
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memberservices@lafcu.org • www.lafcu.org



LAFCU membership is open to active and retired employees, and active volunteers of LA City, members of the Los Angeles Charitable Association, Inc., and their immediate family members. You must be a LAFCU member to obtain credit and/or to use credit union services.

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