

**MEMBER WIRE FUNDS
 TRANSFER REQUEST FORM**

Schedule & Fee	
Domestic	Before 1:30 pm*
Foreign	Before 12 pm (noon)*

Wire:

Amount: \$ _____	Fee: \$ _____
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*For same-day processing Monday to Friday, this form and a copy of your valid photo ID must be received by LAFUCU by the time indicated. Domestic Wires over \$10,000 and International Wires for any amount must be authorized in person at a LAFUCU branch. Please TYPE information.

MEMBER INFORMATION

Member Name: _____	Account #: _____
Address (non-PO BOX): _____	Suffix: _____
City, State, Zip: _____	Phone #: _____

CORRESPONDING FINANCIAL INSTITUTION (FOREIGN/INTERNATIONAL)

Bank/Cr. Union Name: _____	Swift/Sort Code: _____
Address (non-PO BOX) City/State: _____	IBAN #: _____
Zip/Country/Phone: _____	Account #: _____

RECEIVING FINANCIAL INSTITUTION

Bank/Cr. Union Name: _____	Telegraphic Name: _____
Address (non-PO BOX): _____	ABA/Routing #: _____
City, State, Zip: _____	Phone #: _____

BENEFICIARY/RECIPIENT INFORMATION

Name: _____	Account #: _____
Address (non-PO BOX): _____	Phone #: _____
City, State, Zip: _____	Country: _____
Special Instructions: _____	

Purpose of Wire: _____

By signing below, I certify that the information on this form is complete and 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 authorized the withdrawal of the service charge and the processing of the above described wire. Note: See LAFUCU Schedule of Fees for charges at www.LAFUCU.org.

International Wires: Cancellations and refunds possible only if requested within thirty (30) minutes from the time the transfer is paid for.

_____ Member Signature	_____ Date	_____ Member Signature	_____ Date
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CREDIT UNION USE ONLY:

Wire Funds Transfer Request Received at/by: Cerritos Culver City El Monte Gardena Glendale LA Mall Van Nuys Member Svc/By Fax

Wire Form Accepted by Emp. Name/TLR#: _____ Date/Time Accepted: _____

ID VERIFICATION METHOD

Driver's Lic. or ID# and Exp Date: _____ State Issued: _____
 Call Back Phone#: _____

Approval: _____
 Signature, TLR#, and Date

Approval: _____
 Second Signature, TLR#, and Date

_____ Message Created by (Emp/TLR#)	_____ Date/Time	_____ Message Verified by (Emp/TLR#)	_____ Date/Time:
<input type="checkbox"/> OFAC Check		<input type="checkbox"/> OFAC Check	