



DOMESTIC WIRE TRANSFER ORDER

The member listed as originator below requests payment to be made to the beneficiary and account number named below. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of the credit union is to exercise ordinary care in processing this wire transfer and that the credit union is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

DATE: _____

Wire Transfer Order Submitted:	<input type="checkbox"/> In Person	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> DocuSign
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Disclaimer: Due to differing banking regulations and practices, it is not possible for any U.S. institution to guarantee delivery of a wire transmitted, nor is it possible to guarantee a time frame for delivery.

ORIGINATOR INFORMATION: PLEASE PRINT

Member Name	_____
Account Number	_____
Daytime Phone Number	_____
Member Street Address, City, State, Zip Code (NO P.O. BOXES) -MUST have for ALL Wires	_____
Amount of Transfer	_____
Member Signature Wire Password - Must have signed Wire Agreement on file	_____

BENEFICIARY INFORMATION: PLEASE PRINT

Financial Institution Name	_____
ABA/Routing Number	_____
Branch Information	_____
Intermediary Bank/Financial Institution (optional)	_____
Intermediary Account/Reference Number (optional)	_____
Final Beneficiary/ Final Credit	_____
Final Beneficiary/ Final Credit Account Number	_____
Beneficiary Street Address, City, State, Zip Code (NO P.O. BOXES) -MUST have for ALL Wires	_____
Special Instructions	_____

FOR CREDIT UNION USE ONLY

Identity Verification
In Person: verify and document government issued Identification; *Phone:* verify at least 3 identifiers to confirm identity; *Fax/DocuSign:* verify 2 identifiers

Identification: Type: _____ ID# _____ Exp. Date _____

SEG work ID

SSN

Other: _____ [i.e. recent transactions, payroll info, phone #'s, address]

Wire Password (must have signed Wire Agreement on file)

Verification completed by: _____
 Print Name _____ Signature _____

Account Debit Verification

Wire Amount Wire Fee Date: _____

Verification Completed By: _____
 Print Name _____ Signature _____

Transfer Information Callback Domestic

Date of Transfer: _____ Wire ID # _____ OFAC

Transfer Performed By: _____
 Print Name _____ Signature _____

Approval/Release wires over \$1,000 Date: _____

Approved/Released by _____
 Print Name _____ Signature _____