

WIRE TRANSFER REQUEST (DOMESTIC)



Use this form to wire funds to an account at another financial institution within the United States. There is a \$25 fee for domestic wire transfers. Requests for transfers of \$5,000 or more must be made in person at one of our offices.

Directions

1. Contact the receiving financial institution for wiring instructions.
2. Fill out the following authorization completely. **Unsigned requests cannot be processed.** Requests received by 4:00 p.m. Monday-Friday will be initiated the same business day.
3. To confirm that your wire has been sent, you may check MetroWeb or MetroWeb Mobile to verify that funds have been withdrawn, or contact our office.
4. If you have any questions, please contact our Accounting Department.

Member Information

Date of Request _____ Metro Account Number _____

Name _____ Daytime Phone (IMPORTANT) _____

Street Address (no P.O. boxes) _____

City _____ State _____ Zip Code _____

Email Address (optional) _____

Recurring Wire Password* _____ Amount To Wire _____

*If you will be wiring funds to the same financial institution on a regular basis, please contact our Accounting Department about completing a Recurring Wire Transfer Request to make the process more convenient.

Detailed Purpose for Wire _____

Pursuant to the provisions of the U.S.A. Patriot Act of 2001, CMFCU needs specific information regarding certain transactions, including wires. For this reason, we ask for a **specific purpose** for domestic wire transfers of \$3,000 or more. PLEASE NOTE: Providing a non-specific purpose will cause delays in our processing of your wire request.

Specific Source of Funds for Sending Wire (if depositing cash or money order) _____

Receiving Financial Institution Information

First Financial Institution Name _____

First Financial Institution ABA/Routing Number (9 digits) _____

IF APPLICABLE: Second FI Name _____	
Account Number _____	FI Address _____

continued

Date _____

Final Beneficiary Information

Name _____ Account Number _____

Address _____

City _____ State _____ Zip Code _____

Account Type Checking Savings Loan Investment Mortgage

Reason For Transfer Deposit Loan Payment

Additional Wire Information: _____

Authorization

I hereby authorize wire transfers to be sent using the above information (and password, if applicable):

Signature _____ Date _____