

# Domestic Wire Transfer Request

**ORIGINATOR / ACCOUNT INFORMATION** (FIELD 5000)

MEMBERSHIP #	SHARE ID	PRIMARY OR JOINT NAME
ADDRESS		
PHONE #	EMAIL	AMOUNT \$ (FIELD 2000)

**RECEIVER / BENEFICIARY INFORMATION**

\* Required Information

US BANK ROUTING NUMBER* (FIELD 3400)
BENEFICIARY BANK NAME* (FIELD 3400)
BANK ADDRESS
BENEFICIARY ACCOUNT # / IDENTIFIER* (FIELD 4200)
BENEFICIARY NAME* (FIELD 4200)
BENEFICIARY ADDRESS (FIELD 4200)
INTERMEDIARY BANK NAME (IF APPLICABLE)
US INTERMEDIARY BANK ROUTING #
INTERMEDIARY BANK ADDRESS
PURPOSE OF PAYMENT
SPECIAL INSTRUCTIONS/OTHER INFORMATION, I.E., ESCROW #, DETAIL OF PAYMENTS, ETC. (FIELD 6400)

**IMPORTANT INFORMATION**

See UNIFY's current Disclosure of Fees and Charges for domestic outgoing wire fee. Wire CUT-OFF time: Requests must be received no later than 1:00PM PST. Fully executed domestic wire requests that contain all required information will be processed within 1-2 business days. Missing or incomplete information may result in a processing delay or wire cancellation.

Domestic wire requests submitted via fax, email or UNIFY's secure messaging will only be accepted if for escrow purposes and if the Beneficiary is an Escrow or Title Company. UNIFY will only communicate with the member using the current email address and/or phone number on record.<sup>1</sup> Member authentication will be performed utilizing DocuSign or other authentication method available to the Credit Union. The request will only be processed upon successful authentication.

Wire transfers cannot be used for the purpose of closing membership. All wire requests require a physical signature; digital signatures are not accepted.

If the name and account number of a beneficiary and/or name and identifying number of a financial institution are provided, we and other financial institutions may process the payment order (wire transfer) based upon the account number (beneficiary) and/or identifying number (financial institution) alone, even though the number may identify a person or financial institution other than the person or financial institution named.

You agree to the terms of the "Wire Transfers" section of the Credit Union's Membership Booklet. You also agree that any Security Procedures, including all call back procedures required by the Credit Union, must be satisfied before the Wire Transfer Request is considered complete.

REQUESTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

<sup>1</sup> UNIFY's enhanced member identification process requires communication with the requestor via an existing email address on file. For your protection and security of your account, recently updated email addresses will not be utilized for verification. For questions call UNIFY's Contact Center at 877.254.9328 option 3 for assistance.

**INTERNAL USE ONLY**

TYPE OF ID:	ID #:	EXPIRATION DATE:	TYPE OF SIG DOC VERIFIED:	BRANCH:
DATA CHANGES: <input type="checkbox"/> YES	TYPE:	FUNDS VERIFIED: <input type="checkbox"/> YES	RECENT DEPOSIT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
VERIFIED BY (TEAM MEMBER PRINT/SIGN NAME):		USER#:	EXTENSION:	TIME:
AUTHORIZED APPROVER (PRINT/SIGN NAME):		USER #:	DATE:	TIME: