



PO.Box 2128 | Carson City, NV 89702
(775) 882-2060 | (800) 421-6674 | gncu.org

**DOMESTIC WIRE
TRANSFER FORM
\$25.00 FEE**

**** Required**

Name:		Account No:		Type:	
Residential Address:		City:		State:	Zip:
Home Phone No:	Verified Member Identification:		Email Address:		
Alt Phone No:	<input type="checkbox"/> Driver's License #: _____ <input type="checkbox"/> Other: _____				
Numeric Amount: \$ _____					
Intermediary Financial Institution (Name, Address): **BSA Required			9 Digit ABA#		
**Receiving Beneficiary Financial Institution (Name, Address): **BSA Required			9 Digit ABA#		
**Final Credit To (Account Name, Residential Address): **BSA Required			Account #: <input type="checkbox"/> Ckg <input type="checkbox"/> Sav		
Please fax wiring instructions if possible. Wiring instructions attached <input type="checkbox"/> Yes <input type="checkbox"/> No					
Special Instructions/Further Credit To:					

IMPORTANT NOTICE

Greater Nevada Credit Union is not responsible for any loss or delay which may occur due to incomplete or incorrect information provided in the request or which may result by subsequent handling by any other party other than this Credit Union. This request cannot be revoked after wire transmission is initiated by the Credit Union. When you initiate a wire transfer, you may identify either the recipient or any financial institution by name and by account or identifying number. The Credit Union (and other institutions) may rely on the account or other identifying number you give as the proper identification number, even if it identifies a different party or institution. Wire transfers are governed by the Uniform Commercial Code Section 4A, and by Federal Reserve Regulation J if the transfer is processed through the Federal Reserve. All Wire Transfers are subject to review in accordance with US Laws and OFAC Regulations. Transfer requests, changes, and cancellations received after 1:30 PM will be processed as of the following business day. You authorize Greater Nevada to transfer funds described herein and debit your account in the amount transferred, plus applicable fees.

☐ Member acknowledges Important Notice: _____ Date: _____

State of _____

County of _____

The foregoing instrument was acknowledge before me this _____ day of _____ 20_____,

by _____.

Notary Name

Notary Signature

INTERNAL USE ONLY

Date Received:	Signature verified: <i>Initials</i>	Follow up phone number called:	Date follow up:	Input By: Initials
Time Received:	Notary verified: <i>Initials</i>	Manager/Supervisor signature:	Time Follow up:	Verified By: Initials

Revised 2/2017