



20101 Hamilton Avenue #150
Torrance, CA 90502
(310) 632-0100

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Los Angeles, CA 90012
(213) 830-0300

WIRE TRANSFER REQUEST

Note: This form must be completed by the person requesting a wire transfer. Any changes must be initialed. In this Wire Transfer Request ("Request") the words "You" and "Member" mean the member making this Request. The words "We," "Us," "Our," and "Credit Union" mean Schools Federal Credit Union.

Member Name		Account Number To Be Debited _____	
		<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other _____	
Address (Street Address, City, State, Zip Code)			
Daytime/Work Telephone Number		Home Telephone Number	Transfer Amount
			\$ _____

Destination Financial Institution	Address/City/State	Routing and Transit Number (R&T)	
Destination Financial Institution (Respondent)	Address	Account Number	
Name and Address of Person Receiving Funds <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> F.I. <input type="checkbox"/> Other			Account Number of Person(s) Receiving Funds

Additional Information: _____

By signing below, You authorize Us to transfer funds as described above and debit Your Account in the amount transferred, plus any applicable fees or charges. You acknowledge that this transfer is being made in accordance with the terms of Our Wire Transfer Agreement, that You have received a copy of it and agree to its terms. Wire Transfer Authorization requests received by _____ on a business day are transferred the same day.

Member Signature		Date

Credit Union Use Only

Request Received <input type="checkbox"/> In Person <input type="checkbox"/> FAX <input type="checkbox"/> Other _____					
Request Received By	ID/DL #	Date/Time Transferred	Sequence #	Posted/Member Account	Fee Posted
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature verified with membership card Staff initial _____			Teller Name _____		<input type="checkbox"/> Supervisor Approval
OFAC Verification Performed <input type="checkbox"/> Yes <input type="checkbox"/> No					
Callback: <input type="checkbox"/> Yes <input type="checkbox"/> No – record reason: <input type="checkbox"/> Under limit <input type="checkbox"/> Other (specify) _____					
Called back by: _____				Time/Date _____	
Transfer Amount		Fee Amount		F & T Code	Transaction #
\$ _____		\$ _____		_____	_____