

Domestic Wire Transfer Request

Date ____/____/____ Time _____ Teller _____

Transfer Amount \$ _____ From Account Number _____

Member Name _____ OFAC Review _____

Address _____ City _____ State ____ Zip _____

To: Financial Institution _____ OFAC Review _____

City/State _____

ABA Routing Number _____

For Further Credit (if applicable) _____ OFAC Review _____

Account Number _____ Savings Checking

Address _____ City _____ State ____ Zip _____

For Final Credit To _____ OFAC Review _____

Account Number _____ Savings Checking

Address _____ City _____ State ____ Zip _____

Special Instructions _____

Purpose of Transaction (Required for \$1000 or more) _____

The Credit Union and other financial institutions may rely on ABA routing number and account number, even if it identifies another party or institution. The transaction is governed by Regulation J if the wire transfer is cleared through the Federal Reserve. You hereby authorize ITT Employees' Federal Credit Union to make the requested wire transfer and debit the account listed for the amount transferred plus applicable wire fee. This wire of funds is in no way benefiting any person or persons on the OFAC list of sanctioned terrorist organizations.

Member's Signature

This transaction has a fee of \$18.00

Credit Union Use Only

Contact Members United/MSR _____ Verification # _____ By _____

Member Identified By The Following:

_____ Employee Picture Badge	_____ Other Picture Identification
_____ Teller Knows Individual	_____ Social Security Number
_____ Password	_____ Other (Explain) _____

_____ Scanned for record keeping