WIRE TRANSFER REQUEST FORM

Name and Address (as shown o	n account):					
Daytime Phone Number:		Account Number:		Email:	Date:	
To ensure timely and a	ccurate processin	g please print c	learly			
mount to Transfer: Account Type:			Cell Phone Number:			
Financial Institution Inf	formation					
Institution Name:			9 Digit ABA (Routing Number)			
Address			City, State, Zip			
Credit to						
Account Name			Account Number			
Address			City, State, Zip			
For Further Credit To (1	Third party/invest	ment/final credi	t)			
Account Name:			Account/Escrow Number:			
Special Instructions or Addition Wire Transfer requests must be This AGREEMENT and PAYMEN authorized to and directed to ma to electronically or otherwise ret F&A Federal Credit Union is not which may result by subsequent initiated by the Credit Union. When you initiate a wire transfer name and number, we and ever payment, even if the number ide identified by name. Neither we r identifying number refer to the s the beneficiary/designated recip Wire transfers are governed by F California Uniform Commercial of Requests received by secure er delay in the transfer date. Plear You understand that by signing agreeing to, and have read, the authorization to F & A Federal of confirm your identity to avoid for	received and verified by IT ORDER is between F& ake the funds transfer and cord any telephone calls responsible for any loss of thandling by any other part, if your payment order in y receiving or beneficiary entifies an intermediate for any receiving or beneficiary receiving or beneficiary receiving or beneficiary entifies an intermediate for any receiving or beneficiary entifies and institution soient is your responsibilitied and Reserve Regulatic Code. All Wire Transfers and II, online, fax, mail or the contact the Credit Unbelow, you are (i) agree terms set forth in the Formation of the contact that in the Formation in the formation of the contact that in the Formation in the contact the obtain in	A Federal Credit Union dassess the fee in the relating to any transfeor delay which may occur arty other than this Credentifies an intermedity financial institution relation in the corperson. Any losses yand not the Credit Union J if the transfer is pare subject to review in person are subject ion for restrictions. In the transfer is pare subject to review in person are subject to for restrictions. In the transfer is pare subject to review in person are subject ion for restrictions. In the transfer is pare subject ion for restrictions. In the terms of the subject ion for for restrictions in the terms of the subject ion for restrictions for myour formation from your	n (the "Credie amount se er under this cur due to ir edit Union." atte financial may rely upo erson, or accution have ar resulting from inon's. In recept to review at its request (iii in Electron personal cresonal cres	it Union") and the under torth in the Schedule of agreement. Incomplete or incorrect in This request cannot be remained in the identifying number out different than the first responsibility to deter own an incorrect account of the work of the following the Federal Reserve with U.S. Laws and OF and authentication prior (i) certifying the transferic Services Agreement, adit profile or other informatics.	rsigned member. The Cr of Fees and Charges. You information provided in t revoked after wire transr financial institution, or b r rather than the name t rinancial institution or be rmine whether the name r number, or your miside tive, and otherwise by Ari FAC Regulations. to processing and may r information is correct and (iv) providing a wri rmation from Experian s	this request or mission is beneficiary by to make eneficiary e and entification of ticle 4A of the result in a (iii) itten solely to
Member/Joint Owner Signatu	ire (required)		Memb	er/Joint Owner Signatur	e (required)	

You must attach a legible copy of a valid form of identification (CA Drivers License, CA ID, etc.)
Sign and fax this request to (323) 980-5988. A callback verification will be performed on all requests.