

Domestic Wire Form

Wire must be received by 1 PM to process the same day. Fee: \$20

Wire Amount:		Wire Purp	ose:			
Member Name:		Account N	Account Number:		Date:	
Address:						
ID (in person only)): State, # and Expiration D	ate:				
Secure Call Back Number (for email, fax, eSign only):				Home	Cell	Work
Beneficiary (Reci	ipient)					
Receiving Institution	Wire ABA/R	louting #: _		_		
Recipient Name:			Account #:_			
Intermediary (Ch	eck with receiving Finance	cial Institution to	verify wire instructions	:)		
	ncial Institution Name:			<u> </u>		
•	modern Harrie.					-
Additional Wire I	nformation					
responsibility, obligatio	orizes Forrit Credit Union to initiate n, and/or costs associated with of ns levied by correspondent banks	her banks actions, fees	and charge the account indicate s, or failure to deliver funds. I he	ereby accept a	and understand tha	t any fees,
Member Signatur	re:					
		FOR INTERNAL	USE ONLY			
Wire received by: _			In Po	erson	Email	Fax
Call back verification	Secu	ured # Date:				
Fee Processed:	Email Sent:	OFAC:	Collected Funds (S Typ	ed Funds (S Type or Loan Proceeds):		
Sign Verified:	eSign Doc to OnBase:	Processed by:			Date:	
Wire entered in Catalyst by:					Date:	
Verified in Catalyst by:					Date:	
Form and support	documents submitted to Ac	ct. Dept by:				

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