



20101 Hamilton Ave #150 850 West Cesar Chavez
 Torrance, CA 90502 Los Angeles, CA 90012
 (310) 632-0100 (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)		<input type="checkbox"/> Domestic <input type="checkbox"/> International	
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
Foreign/Overseas Transfers - List Bic or Swift Code		
IBAN (Required for all European Financial Institutions)		
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Posted <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature verified with membership card			<input type="checkbox"/> Supervisor Approval		
Staff initial _____		Teller Name _____			
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 # _____		