

Western Division FCU  
6750 Main Street, Williamsville, New York 14221

Request for Wire Transfer – Domestic and International

**Originator (Member)**

Name: _____	
Address: _____	
Phone: _____	Purpose of wire: _____
Account Number (where funds are to be withdrawn): _____	Amount of wire: \$ _____

**Beneficiary**

Name: _____	
Address: _____	
Phone: _____	Relationship to Originator: _____
Account Number: _____	

**Beneficiary Financial Institution**

Name: _____	
Address: _____	
Phone: _____	
ABA/SWIFT/DDA/Etc.: _____	

**Intermediate Financial Institution (If Applicable)**

Name: _____	
Address: _____	
Phone: _____	
ABA/SWIFT/Etc.: _____	

The Originator, named above, authorizes Western Division FCU to use any conventional means it deems suitable for the transfer of funds and releases Western Division FCU and its directors, officers, employees, and agents from responsibility and/or liability for any inaccuracy, interruption, delay in transfer, or for claims occasioned by any circumstances beyond its control. Originator assumes responsibility for ensuring the legitimacy of the Beneficiary. Currency conversion, if applicable, shall be at the prevailing rate of exchange for the country concerned. Furthermore, by signing below, the Originator attests that the funds transferred are for the Originator's benefit only and are not for the benefit, or on behalf, of any other party not named on this document.

Originator (Member) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature (if over \$5000): \_\_\_\_\_ Date: \_\_\_\_\_

Notary: State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year),

By \_\_\_\_\_ (name of signer)

\_\_\_\_\_ (signature of notary) (seal of notary)

**Back Office Use:**

OFAC Checked (Initial): \_\_\_\_\_

Entered By (Initial): \_\_\_\_\_

Verified By (Initial): \_\_\_\_\_