

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

Request for Wire Transfer – Domestic

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Account Number (where funds are to be withdrawn): _____ Amount of wire: \$ _____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/DDA/Etc.: _____

Intermediate Financial Institution (If Applicable)

Name: _____
Address: _____
Phone: _____
ABA/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. 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): _____