



FUNDS/WIRE TRANSFER REQUEST

Member Number: _____

SENDER/PAYER INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Day Phone: _____
Transfer Amount: \$ _____
Special Payment Instructions from Sender: _____

Initial: _____

RECIPIENT/PAYEE INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Country: _____
Account No. or IBAN: _____
Special Identifier of Recipient (i.e.: SSN, TIN, DL#): _____

Initial: _____

RECIPIENT/PAYEE FINANCIAL INSTITUTION

Domestic Only

Name of Financial Institution: _____
Address: _____
City, State, Zip: _____
ABA Routing/Transit Number: _____
Branch Information: _____
Special Routing Instructions: _____

Initial: _____

INTERMEDIARY FINANCIAL INSTITUTION

International Only

Please note: International wires can take up to 5 days to process.

Name of Financial Institution: _____
Address: _____
City, State, Zip: _____
ABA Routing/Transit Number: _____
Swift/Sort Code: _____
Branch Information: _____
Special Routing Instructions: _____

Initial: _____

CURRENCY

Currency Type: _____
Initial: _____

NOTE: The cutoff times will be at 4:30 pm for domestic wires and at 3:00 pm for international wires on each weekday that TEFCU is open. Payment orders, cancellations, or amendments received after the cutoff may be treated as having been received on the next following business day and processed accordingly.

TEFCU (and other institutions) will rely on the recipient/payee information, account number/IBAN, ABA routing number, and swift/sort code (international only) provided on this Funds/Wire Transfer Request as the proper identification to conduct this request on your behalf. If this information is inaccurate, you agree to hold TEFCU harmless with the understanding that TEFCU relied on the information provided in this request. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize TEFCU to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. By performing this Funds/Wire Transfer Request, you agree to the provisions outlined in TEFCU's then-current Membership and Account Agreement.

X _____
Account Owner's Signature Date

Signature: _____
Date: _____
State of _____
County of _____
Subscribed and sworn to before me this _____ Day of _____, 20_____.

Notary Public

Note: Wire requests \$10,000 USD and greater MUST have a notarized signature. A copy of a valid state or government issued identification must accompany the wire request.

INTERNAL USE ONLY
Date and Time of Request: _____
Identification Used: _____
Method of Transfer: _____
Transaction/Control Number: _____
Processed By: _____
Special Instructions: _____
*OFAC CHECK ON PAYER: _____
*OFAC CHECK ON PAYEE: _____
Date and Time: _____
Processed By: _____
***MUST BE COMPLETED**
Cancel Date: _____
Processed By: _____

Fax the completed form to (301) 576-7392 or return the completed form to a TEFCU branch.

If the wire request is \$10,000 USD or greater, the original notarized form must be returned to a TEFCU branch.