



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

Name of Financial Institution: _____
 Address: _____
 City, State, Zip: _____
 ABA Routing/Transit Number: _____
 Swift/Sort Code: _____
 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 and 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.

FUNDS/WIRE TRANSFER REQUEST

Member Number: _____

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 Booklet.

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) 576-5270 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.