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## **WIRE FUNDS TRANSFER REQUEST**

TRANSFER DATE		

	FR	OM		ТО			
DEBIT ACCOUNT				PRIMARY FINANCIAL INSTITUTION			
NAME		DAY PHONE		NAME			
ACCOUNT NUMBER				ADDRESS			
MEMBER ADDRESS							
				RT/ABA/SWIFT#			
				FURTHER CREDIT FINAN	ICIAL INSTITUTION	N	
AMOUNT				NAME			
				ADDRESS			
You may identify the account number (or A				ACCOUNT NUMBER			
other financial institut number as the proper	ions) may rely on	the account numb	er or other identifying	ACCOONT NOMBER			
tion. If the wire transfe				FINAL CREDIT ACCOUNT			
is governed by Regulation J. You authorize Penn State Federal Credit Union to				NAME		DAY PHONE	
transfer funds as desc							
ferred, plus applicable the sender adopts the				ADDRESS			
original and adopts the sender's original signa	ie signature produ			ADDRESS			
ACCOUNT OWNER'S	SIGNATURE & D	PATE REQUIRED					
				ACCOUNT NUMBER			
				ADDITIONAL INSTRUCTION	NS		
CREDIT UNION USE ONLY							
	VERIFIED	STAFF INITIALS	TELLER #				
INITIATOR OFAC (SYMITAR)							
VERIFIER OFAC (SYMITAR)							
INITIATED WIRE #				CREDIT UNION USE ONLY			
OFAC OVERRIDE WIRE #				LIST THREE (3) ACCOUNT IDENTIFIE			
APPROVED WIRE #				COMPARE SIGNATURES	STAFF INITIALS		
CREDIT UNION INITIATOR U	SE ONLY			LAST DEPOSIT AMOUNT			
DATE OF LAST FM CHANGE		STAFF INITIALS	MOTHER'S MAIDEN NAME?				

OTHER IDENTIFIER