

## **Domestic Wire Transfer Request**

**FAX to**: (919) 224-8891 MAIL to: RTP Federal Credit Union P.O. Box 12807 Research Triangle Park, NC 27709 If you are unsure how to fill out this form, please call RTP Federal Credit Union at (919) 941-5700. Returning incorrect, incomplete or unsigned forms will delay the processing of your request. Reoccurring Wire # \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_ Request Taken By \_\_\_\_\_ RTP Federal Credit Union Member Information Wire Amount (in U.S. Dollars) \$ \_\_\_\_\_\_ (not including wire fee) OFAC Check\_\_\_\_\_\_ Account Number \_\_\_\_\_ Suffix # \_\_\_\_\_ Available Balance \_\_\_\_\_ Primary Member Name \_\_\_\_\_ Wire Initiated by (if joint owner) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Phone #: Work \_\_\_\_\_ Home \_\_\_\_ Other \_\_\_\_ Email Address Financial Institution Information ABA/Routing # (9 digits) \_\_\_ \_\_ \_ \_ \_ \_ \_ \_ \_ Comments \_\_\_\_\_ Bank Name Bank Address **FURTHER CREDIT TO**: (if applicable) Account Number to Credit \_\_\_\_\_ Name on Account \_\_\_\_\_ **BENEFICIARY**: Account Number to Credit \_\_\_\_\_ Name on Account Purpose Beneficiary address \_\_\_\_\_ Authorization By signing this form, I agree that I have read this form and agree that the information entered on this form is accurate, including the account numbers and bank information. I cannot hold RTP Federal Credit Union liable for any incorrect information provided by me. I authorize RTP Federal Credit Union to process a wire transfer per the wiring instructions I have given above. I understand that my account will be charged a \$40 fee in addition to the amount of the wire transfer. Member Signature \_\_\_\_ Date THIS SECTION - CREDIT UNION USE ONLY Fedline: (744-100) Control #: Sent By: \_\_\_\_\_ \_\_\_\_\_ Ref #: \_\_\_\_ \_\_\_\_\_ Verified: \_\_\_\_\_ Time: \_\_\_\_ First Carolina: (745-101)