

**OUR CREDIT UNION
DOMESTIC WIRE TRANSFER FORM**

Date _____ Amount\$ _____ Wire fee (\$20.00) _____

Member Name _____

Member Address _____

Contact Phone Number _____ Must be a number on our system and member must be available at this number in case there is a problem with the wire, otherwise the wire will not be sent.

Member Number _____

Correspondent Bank or Credit Union:(if wire passes through another financial institution)

Name of Bank or Credit Union _____

City and State _____

Routing and Transit (ABA)# _____

Funds Transferred To:(Institution of final credit)

Name of Bank or Credit Union _____

City and State _____

Routing and Transit (ABA)# _____
(can only be 9 digits)

Account To Be Credited:

Name of Account Holder _____

Address _____

Account # _____

Special Instructions _____

OUR Credit Union Account Holder Notification

You may identify the payee or any financial institution by name and by account number (or routing and transit/ABA number). OUR Credit Union and other institutions may rely on the account or other identifying number as the proper identification for the receiving party or institution, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve Bank, the transaction is governed by Regulation J. You authorize OUR Credit Union to transfer funds as described herein and debit your account for the amount transferred, plus applicable charges.

Member Signature _____

-----**FOR MEMBER SERVICE/TELLER STAFF ONLY**-----

Recipient of Wire Request: _____ Teller ID# _____ Initials _____

Type of Request: _____ In Person _____ FAX _____ Mail _____

ID Information _____

Type of funds: _____ cash _____ check _____ funds on dep
(if check, was a hold placed Y or N)

-----**ACCOUNTING STAFF ONLY**-----

Callback procedure completed _____ Teller ID# _____ Initials _____ Date _____ Time _____

OFAC completed _____ Teller ID# _____ Initials _____

Callback ID Information _____

If Reoccurring Wire # _____

Wire originated by _____ Wire Verified by _____

Return this form by mail or fax:
OUR Credit Union
3070 Normandy
Royal Oak, MI 48073
Attn: Accounting Department
Fax# (248) 549-1620

Note: If this form is being faxed, you may receive a phone call back to verify your request. We will only use phone numbers that we have on our records. If you can not be reached by those phone numbers, your request for wire will not be completed.