



Funds/Wire Transfer Request

One Time       Subject to Funds/Wire Transfer Agreement

Member No.: \_\_\_\_\_ Account Owner Name: \_\_\_\_\_

**Sender Payer Information**

Name: \_\_\_\_\_ Day Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_ Transfer Amount: \$ \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Special Payment: \_\_\_\_\_  
Special Payment Instructions from Sender: \_\_\_\_\_

**Recipient/Payee Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Special Identifier of Recipient (ie: SSN, TIN, DL#): \_\_\_\_\_

**Recipient/Payee Financial Institution Information**

Name of Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
ABA Routing/Transit No. \_\_\_\_\_  
Branch Information: \_\_\_\_\_  
Special Routing Instructions \_\_\_\_\_

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

Account Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Mail or Fax this form to:** 8120 SE Luther Rd., Portland, OR 97206 503-771-2464 Ph. 503-771-9694 fax

**Internal Use ONLY**

Date & Time: \_\_\_\_\_ Method of Transfer: \_\_\_\_\_ Security Method Used: \_\_\_\_\_ Cancel Date: \_\_\_\_\_  
Amount of Fee: \$ \_\_\_\_\_ Transaction No. \_\_\_\_\_ Date & Time: \_\_\_\_\_ Teller: \_\_\_\_\_  
Identification Used: \_\_\_\_\_ Teller: \_\_\_\_\_