



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: _____	Teller: _____	