THE TENNESSEE CREDIT UNION
WIRE TRANSFER REQUEST

Payment Instructions:

Member Name: _____ Account Number: _____

Amount of Wire: $ _____
Wire Transfer Fee: $ _____ ($15.00 Domestic, $45.00 Foreign)

Total Charge to the Account: $ _____
Purpose/Reason _____
Receiving Bank (if applicable):
Name: _____
Routing Number: _____
Address: _____
Final Credit:
Beneficiary's Bank: _____
Beneficiary Bank Routing Number/ABA: __ __ __ __ __ __ __ __ __
Address: _____

Beneficiary's Name: _____
Beneficiary's Account Number: _____
Beneficiary's Address: _____

I acknowledge that the above information is correct and hereby request that The Tennessee Credit Union initiate the above wire transfer order in accordance with the terms of the ACH and Wire Transfers section of the Membership and Account Agreement. I understand that I may be required to follow additional security procedures before this payment order may be executed. I realize that requested wire transfers which are received by The Tennessee Credit Union later than 2:00 p.m. CST will be completed the following business day.

_____ _____ _____
Member's Signature Date Preferred Callback # (work or home)*

*Must be current VERIFIED number on system for member.

Credit Union Use Only

Employee Taking Request:

- Taken by: _____ At (time) _____ a.m./p.m.
- On (date)
- Identity Verification: Document ID/Driver's License Number (or description of other verification method:

_____

Wire Department:

- **Callback Performed** (if applicable) by: _____ To the following secured phone #: _____ Positive Confirmation? Yes or No Actions taken if 'no':

_____

- **OFAC Check** performed by: _____ (results attached)
- **Transaction /fee** processed, wire executed by: _____
- **Verified by:** _____