



D.C. Teachers Federal Credit Union Wire Transfer Form

Wire request must be received by 3:00 p.m. for same day transmission

Time Received: _____

ORIGINATOR:

Account Holder: _____ Account No.: _____
Street Address: _____ Phone No.: _____
City: _____ State: _____ Zip: _____

WIRE AMOUNT:

Written Amount: _____ In Dollars: \$ _____
[Fee \$20.00 International Fee \$50.00]

CORRESPONDING BANK INFORMATION:

Receiving Bank: _____ ABA No.: _____
Bank Address: _____

BENEFICIARY INFORMATION

Beneficiary Name: _____
Beneficiary Address: _____
Acct. No. to Credit: _____
Further Credit To: *(If applicable)* _____

Transfers may settle by the beneficiary bank's routing number and the beneficiary's account number, even if the name provided for the beneficiary bank and/or beneficiary account do not match.

SIGNATURES:

Member Signature (Original Required): _____ Date: _____
Identification: (Govnt. Issued ID Only) _____
Telephone Authentication - (Qualifier 1) _____
Telephone Authentication - (Qualifier 2) _____
Customer's Identity &
Original Signature Verified By: _____ Date: _____
(Branch Representative)

Available Balance Verified By: _____ Date Call Back Number Last Changed _____

Provide member with a copy of the completed wire request form

ACCOUNTING USE ONLY:					
OFAC OK By		Short Name			
Acct.Charged By		Call-Back To		Call-Back By	
Initiated By		Verified By		Sent By	
Date Completed					