D.C. Teachers Federal Credit Union

Fund/Wire Transfer Request Form

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

A. Wire Received: ___ In person ___ Fax _____Email _____

Wire request form must be completed by member: **B. Time Received:_____**

C. ORIGINATOR:

Account Holder: _____ **Account No.:** _____

Street Address: _____ **Phone No.:** _____

City: _____ State: _____ Zip: _____

D. WIRE AMOUNT:

Written Amount: _____ In Dollars: $ _____

[Fee $30.00 Domestic Wires Only Fee Waived _____]

Wires Exceeding $10,000.01 require an original signature and must be completed in PERSON

E. CORRESPONDING BANK INFORMATION:

Receiving Bank: _____ ABA No.: _____

Bank Address: _____

F. BENEFICIARY INFORMATION

Beneficiary Name: _____

Beneficiary Address: _____

Acct. No. to Credit: _____

Purpose of Wire:

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. By signing below, I hereby authorize DC Teachers' Federal Credit Union to initiate this wire on my behalf. I agree that my account will be debited for both the amount of the wire and all applicable fees. I agree to hold the Credit Union harmless if funds are not received and credited due to incomplete instructions or information

G. SIGNATURES:

Member Signature (Original Required): _____ Date: _____

Credit Union Representative Signature: _____ Date: _____

Credit Union Use Only

H. Member ID Verification:

Identification: (Govnt. Issued ID Only) _____

Telephone Authentification - (Qualifier 1) _____

Telephone Authentification - (Qualifier 2) _____

I. Security Procedures: (refer to remarks screen)

Password: _____ Call Back Procedures > $5,000.00 - $10,000.00 : Name:_____

J. Account Verification

Customer's Identity & Original Signature Verified By:_____

Available Balance Verified By:_____

OFAC Verification Complete for Beneficiary and Receiving Bank Attached By _____

Date Call Back Number Last Changed: _____

Management Approval: _____

Provide member with a copy of the completed wire request form

K. ACCOUNTING USE ONLY:				Date Received		Time Received		
Initiated By		Verified/Approved By		Transmittal Attached				
Wire Transfer Log Updated >$1,000.00		Date Completed		**Completed Form Scanned**				