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WIRE TRANSFER REQUEST				
Today's Date		Send Date (if after cutoff)		
MEMBER INFORMATION - SENDER				
Name				
Address		City, State, Zip		
Account #		Phone		
Driver's License #				
AMOUNTS				
Transfer Amount		Fee \$20.00		
Total		Purpose		
BENEFICIARY - RECEIVER				
Name				
Address		City, State, Zip		
Account #		Phone		
Reference Information				
BENEFICIARY FINANCIAL INSTITUTIC	DN .			
Routing #	Address			
Bank Name		Phone		

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.

I hereby request that *Sno Falls Credit Union* initiate the above wire transfer. I understand and have agreed to the terms of the Wire Transfer Agreement between Sno Falls Credit Union and myself. I realize that requested wire transfers, which are received by Sno Falls Credit Union later than 2:00 P.M. (domestic), will be completed the following business day.

Members Signature	Date