



Wire Transfer Request

Today's Date	Send Date (if after cutoff)
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Member

Name	Address
Account	City, State, Zip
Driver's License #	Phone

Amounts

Transfer Amount	Fee <input type="checkbox"/> \$20.00
Total	Purpose

Beneficiary

Name	Address
Reference Information	City, State, Zip
Account #	Phone

Beneficiary Financial Institution

Routing #	Address
Bank Name	City, State, Zip
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
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INTERNAL USE

General Information

Request Taken By	Date/Time
Submitted By	Date/Time
Verified By	Date/Time
OFAC By	Date/Time
Identification Used	Pass Phrase

Call Back Information

Number	Date/Time
Number Source	Talked To
Called By	

Identification Questions (Use 3)

Do you have a loan with us and if so what type of loan do you have?	Date/Time
Do you have direct deposit and if so where does it come from?	Date/Time
Name your account beneficiaries.	Date/Time
Name the joint owners on your account.	Date/Time
Do you receive paper statements or eStatements?	Date/Time
List your other account numbers with us.	Date/Time
Other?	Date/Time

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