# **DOMESTIC WIRE TRANSFER FORM**



PAHO/WHO FCU IS AUTHORIZED TO EXECUTE THE FOLLOWING WIRE TRANSFER:

To ensure legibility and accuracy, complete the form online before printing. All fields must be completed. Incorrect information may delay the process of a wire transfer.

MEMBER INFORMATION			
PAHO/WHO FCU Member Name:	:		
Member Address:			
Member Account Number:	M	lember Tel. Number:	
Amount \$:			
RECEIVING BANK INFORMATION	N		
Bank Name:			
Branch Address:			
BENEFICIARY INFORMATION (FO	OR CREDIT TO)		
Beneficiary Name:			
For Further Credit to:			
Special Instructions:			
<ol> <li>Wire request received after 1:0</li> <li>Delays may occur for receipt ar manner.</li> <li>Member authorizes PAHO/WH incurred in connection with the</li> <li>Member agrees that the inform responsible for any delays caus Receiving Bank.</li> <li>No guarantee can be made by</li> </ol>	nation provided above is correct and sed by inaccurate or incomplete data the PAHO/WHO FCU that the receivilal instructions cannot be guaranteed	e following business day sts. The CU will make every ef the amount of the wire transfer I complete. The Credit Union val. There may be other fees ass ng bank will receive and/or ac	fort to resolve issues in a timely r, the wire fee and any expenses will not refund fees or be sociated with and charged by the
Member Signature	Printed Na	me	Date
	FOR CREDIT UNIC	ON USE ONLY	
Processed By:	Signature Verified By:	Transmit	tted By:
Verified With Member:	Call Back Nu	umber:	Date:
Fee Amount: \$	Reference Number:	OFAC Passed Failed	Initials: In Person

## **OUTGOING DOMESTIC WIRE TRANSFER INSTRUCTIONS**



To insure legibility and accuracy, complete this form online before printing.

You may use the tab key to move from field to field.

Important Notice: Incorrect information will delay the process of a wire transfer.

To ensure smooth and timely processing of your domestic wire transfer, please have the following information completed on the Outgoing Domestic Wire Transfer Request form when placing a wire request:

## Your Member Information

- Name
- Address
- Account Number
- Phone Number (listed on your PAHO/WHO FCU account) including the best phone # to reach you in the next 48 hours
- Wire Amount \$
- Purpose of wire (required) reason for funds transfer

## **Receiving Bank Information**

- Bank Name the financial institution where the wire will be sent to directly
- Routing Number / ABA (must be 9 digits) of the receiving bank
- Branch Address (City if available)

## Beneficiary Information (person or entity receiving wire)

- Name
- Account Number
- Address
- For Further Credit to (if any)
- Special Instructions (if any )

**Note:** For Further Credit to and Special Instructions - enter a brief explanation of intention of transmittal and reference any information to be included in the request. Any additional information should be placed in the Special Instructions field.

#### **PLEASE NOTE:**

- 1. If you are unable to provide the information requested, PAHO/WHO FCU will not be able to complete your wire transfer request.
- 2. If we are unable to contact you via the information provided on the Wire Transfer Request form, your wire will be delayed.