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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: _____ Member Tel. Number: _____
Amount \$: _____ Purpose of Wire: _____

Receiving Bank Information

Bank Name: _____
Routing/ABA Number: _____
Branch Address: _____

Beneficiary Information (for credit to)

Beneficiary Name: _____
Beneficiary Account Number: _____
Beneficiary Address: _____
For Further Credit to: _____
Special Instructions: _____

Member Agreement and Signature

I understand and agree that any incoming or outgoing wire, domestic or foreign, will be checked/screened against the current OFAC (Office of Foreign Asset Control) lists to ascertain if we are sending or receiving funds to or from an individual, company, organization or country on the list of blocked entities. Certain transactions may be blocked, funds rejected and reported as required by applicable law.

1. Wire request received after 1:00pm may not be processed until the following business day
2. Delays may occur for receipt and processing of wire transfer requests. The CU will make every effort to resolve issues in a timely manner.
3. Member authorizes PAHO/WHO FCU to debit his/her account for the amount of the wire transfer, the wire fee and any expenses incurred in connection with the execution of this request.
4. Member agrees that the information provided above is correct and complete. The Credit Union will not refund fees or be responsible for any delays caused by inaccurate or incomplete data. There may be other fees associated with and charged by the Receiving Bank.
5. No guarantee can be made by the PAHO/WHO FCU that the receiving bank will receive and/or act upon this wire transfer in a timely manner. Action on special instructions cannot be guaranteed.
6. Member agrees that beneficiary information will be requested.

Member Signature _____ Print Name _____ Date _____

CREDIT UNION USE ONLY

Processed By _____ Signature Verified By _____ Transmitted By _____
Verified with Member _____ Call Back Number _____ Date _____
Fee Amount \$ _____ Reference # _____ 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.