



2441 N. Sierra Way • San Bernardino, CA 92405
 PO Box 2007 • San Bernardino, CA 92406
 909.882.2911 Office • 909.881.4162 Fax

WIRE TRANSFER REQUEST

PLEASE PRINT ALL INFORMATION NEATLY

Member Name	Member # (include share suffix #)	Date
Address		
City	State	Zip
Daytime Phone #	Cell Phone #	

I request that \$ _____ be wired from my above mentioned account number on _____ .
 I understand that there will be a **\$20.00 WIRE FEE** for this transaction, which is also to be taken from the above account number. The wire instructions are as follows:

WIRE TO - BANK NAME:
Address:
City/State/Zip
Routing/ABA #:

FURTHER CREDIT TO (If Applicable):
Respondent Bank Name:
Respondent Bank Address:
Account #:

BENEFICIARY - FINAL CREDIT TO:
Account #:
Beneficiaries Address:
City/State/Zip:
Other Information (If Applicable):

I HAVE READ THE ABOVE INFORMATION AND AGREE THAT IT IS CORRECT. I REQUEST THAT THE WIRE TRANSACTION BE PROCESSED. I UNDERSTAND AND AUTHORIZE THE WITHDRAWAL FOR THE WIRE TRANSACTION AMOUNT AND FEE TO BE WITHDRAWN FROM MY ACCOUNT. I AGREE TO HOLD SBSEFCU HARMLESS IF THE FUNDS ARE NOT RECEIVED AND CREDITED DUE TO INCORRECT INFORMATION. **I HAVE RECEIVED A COPY OF THIS FORM.**

Member Signature: _____ Date Signed _____

VERIFICATION METHOD					
Teller Initials		Teller Number		<input type="checkbox"/> Member's Mother's Maiden Name <input type="checkbox"/> Account Activity <input type="checkbox"/> Signature <input type="checkbox"/> Person Known	
Government Issued I.D.	Type	I.D. #	Exp.	<input type="checkbox"/> OFAC VERIFIED (Bank, Respondent Bank and Beneficiary)	
<input type="checkbox"/> Call Back -Home#/Work#:		Date/Time:	Fax Verification: Sent/Time	Received/Time	

DO NOT WRITE BELOW THIS LINE-CREDIT UNION WIRE & VERIFICATION USE ONLY
WIRE TRANSFER INITIATED

DATE	FRB / WAVE / OR SPOKE WITH	BY
FEDERAL REFERENCE #:		TIME REFERENCE:

WIRE VERIFIED			
DATE	FRB / WAVE / OR SPOKE WITH	BY	TIME REFERENCE

05/2011