

2601 Cambridge Ct. Ste 210 Auburn Hills, MI 48326 248.340.7000 www.parda.com

Fund/Wire Transfer Request

	Member No:			
	TION - This document supports consumer do rt consumer international transfers that are no		ers, and business international transfers. This	
• •	Recurring Transfer Subject to Funds			
Niero		TOR/PAYER INFORMATION		
City, State, Zip:	Day Phone No:		Country Code:	
Account No:	Purpose of Transfer			
Special Payment Instructi	ons:			
	BENEFICI	ARY/PAYEE INFORMATION		
Name:				
Address:				
City, State, Zip:			Country Code:	
Account No or IBAN:		Currency Type:		
Special Identifier of Benef	ficiary: SSN: TIN:	ID No:		
		FINANCIAL INSTITUTION INFORMATION		
Name of Financial Institut	ion:			
Address:				
City, State, Zip:			Country Code:	
ABA Routing Transit No:	Swift/BIC Code:	Branch Information:		
Special Routing Instructio	ns:			
		IANCIAL INSTITUTION INFORMATION		
Name of Financial Institut				
Address:				
City, State, Zip:			Country Code:	
ABA Routing Transit No:	Swift/BIC Code:	Branch Information:		
Special Routing Instructio	ns:			
		AUTHORIZATION		
	Union to transfer funds as described herein a			
	eficiary/payee or any financial institution by n rely on the account or other identifying numb			
	sfers may be governed under Regulation E or			
a wire transfer is cleared	through the Federal Reserve, the transaction v	will also be governed by Regulation J.	•	
Account Owner/Authorized Pe	erson Signature Date			
Account Owner/Admonized Fe	13011 Signature Buto			
X				
Λ				
	CRF	DIT UNION USE ONLY		
Member Confirming Requ		ID Used:		
Date/Time of Request:	Amount of Fee:			
Transaction/Control No:				
OFAC Verification By: Special Instructions:				
Security Method Used:	Data an	nd Time:		
Processed By:	Date an	u IIII6.		
	med By:	Callbac	k Phone No:	
(if applicable) Source	e/Verification of Secure Phone No:			
Member Cancelling Requ	est:	Cancel Date:		
Processed Ry:				



2601 Cambridge Ct. Ste 210 Auburn Hills, MI 48326 248.340.7000 www.parda.com

Date

Fund/Wire Transfer Request

One-Time Transfer Recurring Tra			
	ORIGIN	IATOR/PAYER INFORMATION	
Name:			
Address:			
City, State, Zip:			Country Code:
Account No: Da	y Phone No:		
ransfer Amount: \$ Pui	rpose of Transfer:		
Special Payment Instructions:	·		
	BENEF	ICIARY/PAYEE INFORMATION	
Name:			
Address:			
N. O			
City, State, Zip: Account No or IBAN: Special Identifier of Beneficiary: SSN:		Currency Type:	Country Code:
Special Identifier of Repoficiant: SSN:	TINI	Currency Type	
bpecial identifier of Berleffclary, 33N.	IIN.	ID No:	
		E FINANCIAL INSTITUTION INFORMATION	
Name of Financial Institution:			
Address:			
City, State, Zip:			Country Code:
ABA Routing Transit No:	Swift/BIC Code:	Branch Information:	
Special Routing Instructions:			
<u> </u>	INTERMEDIARY	FINANCIAL INSTITUTION INFORMATION	
Jame of Financial Institution:			
Name of Financial Institution:Address:			
Sity State Zin:			Country Code:
ABA Routing Transit No: S	wift/BIC Code:	Branch Information:	
Special Routing Instructions:			
		AUTHORIZATION	
		in and debit your account for the amount of the	

Account Owner/Authorized Person Signature