

PARDA Federal Credit Union - Domestic Wire Transfer Form

Please print or type; all information must be complete and correct.

We may call back any member who requests a wire transfer via fax or phone for verification purposes.

The call back will be made to your phone number on record prior to processing to ensure your security and protection.

Originator (Member) Information			
Date:		Wire Amount:	Wire Fee: \$25.00
Name:			
Account No:		Share ID:	
Street Address:			
City/State/Zip:			
Day Phone #		Evening Phone #:	
Do you know the beneficiary?	Yes No	Purpose of the wire:	
Receiving Financial Institution Information (MANDATORY)			
Name:			
City/State:			
ABA (Routing #):			
Beneficiary Financial Institution Information			
Name:			
Street Address:		City/State/Zip:	
Account Number:			
Beneficiary Information			
Name:			
Account No:			
Street Address:			
City/State/Zip:			
Reference Info:			

I agree that my account will be debited for this service. I hereby authorize PARDA Federal Credit Union to transfer funds by wire as shown above. I understand that the account shown will be debited for the amount of the wire plus any applicable fees. I agree to hold the Credit Union harmless if the funds are not received and credited due to incorrect or incomplete instructions or information. I have read and agree to the PARDA FCU Wire Transfer Agreement.

X _____
 Authorized Signature

Credit Union Use Only - Must be completed by PARDA Employee				
Request Received: <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other: _____				
Request Received By:		Date & Time Received:		
Signature compares favorably to signature on file: Yes No	Verification/Callback Information: <input type="checkbox"/> Password or PIN <input type="checkbox"/> Specific Account Activity (list below) <input type="checkbox"/> Mother's Maiden Name <input type="checkbox"/> Photo ID # _____ <input type="checkbox"/> Other: _____	Management Approval:		
Checked against OFAC Yes - Must Attach Printout				
Callback Yes Phone Number Called: _____				
Is this phone number on the account? Yes No Has it been updated within the last 30 days? Yes No				
Called back by:	Time/Date:			
Accounting Use Only				
Time Entered:	Entered By:	Confirmed By:	Posted/Member Account: Yes No	Fee Posted: Yes No