



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

## Fund/Wire Transfer Request

**IMPORTANT INFORMATION** - This document supports consumer domestic transfers, business domestic transfers, and business international transfers. This document will also support consumer international transfers that are not deemed remittance transfers.

**One Time**       **Subject to Fund/Wire Transfer Agreement**

### SENDER/PAYER INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Day Phone No: \_\_\_\_\_  
 Transfer Amount: \$ \_\_\_\_\_  
 Special Payment Instructions from Sender: \_\_\_\_\_

### RECIPIENT/PAYEE INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Account No. or IBAN: \_\_\_\_\_  
 Special Identifier of Recipient: SSN: \_\_\_\_\_  
 TIN: \_\_\_\_\_ DL#: \_\_\_\_\_

### RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 ABA Routing/Transit No: \_\_\_\_\_  
 Swift/Sort Code: \_\_\_\_\_  
 Branch Information: \_\_\_\_\_  
 Special Routing Instructions: \_\_\_\_\_

### INTERMEDIARY FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 ABA Routing/Transit No: \_\_\_\_\_  
 Swift/Sort Code: \_\_\_\_\_  
 Branch Information: \_\_\_\_\_  
 Special Routing Instructions: \_\_\_\_\_

### CURRENCY INFORMATION

Currency Type: \_\_\_\_\_

**Member No:** \_\_\_\_\_

You may identify the payee or any financial institution by name and by account number or other appropriate identifier. The Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. Fund/wire transfers may be governed under Regulation E or the Uniform Commercial Code (UCC), Article 4A, dependent upon the nature of the transaction. If a wire transfer is cleared through the Federal Reserve, the transaction will also be governed by Regulation J.

ACCOUNT OWNER/AUTHORIZED PERSON SIGNATURE	DATE
<b>X</b>	

### INTERNAL USE ONLY

Member Confirming Funds Transfer Request: \_\_\_\_\_

Date and Time of Request: \_\_\_\_\_  
 Amount of Fee: \$ \_\_\_\_\_  
 Identification Used: \_\_\_\_\_  
 Method of Transfer: \_\_\_\_\_  
 Transaction/Control No: \_\_\_\_\_  
 Processed By: \_\_\_\_\_  
 OFAC Verification By: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

Security Method Used: \_\_\_\_\_  
 Date and Time: \_\_\_\_\_  
 Processed By: \_\_\_\_\_

For Callbacks (if applicable):  
 Employee Performing Callback: \_\_\_\_\_  
 Phone No. Used for Callback: \_\_\_\_\_  
 Source/Verification of Secure Telephone No: \_\_\_\_\_

Member Cancelling Request: \_\_\_\_\_  
 Cancel Date: \_\_\_\_\_  
 Processed By: \_\_\_\_\_

ACCOUNT OWNER(S) MAILING NAME AND ADDRESS:





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

## Fund/Wire Transfer Request

**IMPORTANT INFORMATION** - This document supports consumer domestic transfers, business domestic transfers, and business international transfers. This document will also support consumer international transfers that are not deemed remittance transfers.

**One Time**       **Subject to Fund/Wire Transfer Agreement**

### SENDER/PAYER INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Day Phone No: \_\_\_\_\_  
 Transfer Amount: \$ \_\_\_\_\_  
 Special Payment Instructions from Sender: \_\_\_\_\_

### RECIPIENT/PAYEE INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Account No. or IBAN: \_\_\_\_\_  
 Special Identifier of Recipient: SSN: \_\_\_\_\_  
 TIN: \_\_\_\_\_ DL#: \_\_\_\_\_

### RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 ABA Routing/Transit No: \_\_\_\_\_  
 Swift/Sort Code: \_\_\_\_\_  
 Branch Information: \_\_\_\_\_  
 Special Routing Instructions: \_\_\_\_\_

### INTERMEDIARY FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 ABA Routing/Transit No: \_\_\_\_\_  
 Swift/Sort Code: \_\_\_\_\_  
 Branch Information: \_\_\_\_\_  
 Special Routing Instructions: \_\_\_\_\_

### CURRENCY INFORMATION

Currency Type: \_\_\_\_\_

**Member No:** \_\_\_\_\_

You may identify the payee or any financial institution by name and by account number or other appropriate identifier. The Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. Fund/wire transfers may be governed under Regulation E or the Uniform Commercial Code (UCC), Article 4A, dependent upon the nature of the transaction. If a wire transfer is cleared through the Federal Reserve, the transaction will also be governed by Regulation J.

ACCOUNT OWNER/AUTHORIZED PERSON SIGNATURE	DATE
<b>X</b>	

ACCOUNT OWNER(S) MAILING NAME AND ADDRESS:

