



67 Walnut Avenue, Suite 401
 Clark, NJ 07066
 Phone 888-322-3732
 Fax 732-388-1156
 www.aspirefcu.org

Wire Transfer Request – Domestic Outgoing

Place Photo ID Here:

Sender/Payer Information:

Name: _____
 Address: _____
 Email Address: _____
 Daytime Phone # for Verification: _____
 Member Number (include suffix): _____
 Amount: \$ _____

Recipient/Payee Information:

Name: _____
 Address: _____
 Account Number: _____
 Additional Information for Recipient: _____

Recipient/Payee Financial Institution Information:

Name of Financial Institution: _____
 Address/Branch Information: _____
 ABA/Routing Number: _____
 Special Instructions: _____

You may identify the payee or any financial institution by name and by account number (or ABA routing number). The Credit Union (and other institutions) may rely on the member or other identifying number as the proper identification even if it identifies a different party or institution. If the wire transfer is cleared through the federal reserve, the transaction is governed by Regulation J. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges.

Member Signature: _____ **Date:** ___/___/___

For Credit Union Use Only (must be completed for processing)

| <u>Member Services Department</u> | <u>Accounting Department*</u> |
|-----------------------------------|---|
| Received by: _____ | Employee performing callback: _____ |
| Branch: _____ | Phone # used for callback: _____ |
| Method of ID: _____ | Source or verification of the callback #: _____ |
| Type of ID: _____ | Person (member) confirming the wire: _____ |
| Wire Approved by: _____ | Time: _____ |
| | Date: _____ |
| | Wire Processed by: _____ |

* All wires exceeding \$2500.00 must be verified by Accounting with a callback to the member. Rev 05/2018