

# Wire Transfer Request



## MEMBER INFORMATION

Name \_\_\_\_\_ Member Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## WIRE TRANSFER INFORMATION

Notice: Please check with the Receiving Financial Institution for the correct Wiring Number. It may not be the same as the Routing Number on your checks. All requested information on the Final Beneficiary is REQUIRED. Wire transfers received after 2:00 pm will be processed on the following business day.

Date to Send Wire	Amount to Wire	Account Number to Debit	Checking
Receiving Financial Institution's Name		Receiving Financial Institution's ABA Wiring Number	
For Further Credit Name		For Further Credit ABA Wiring Number	
Final Beneficiary's Name	Final Beneficiary's Account Number	Member's Relationship to Final Beneficiary	
Final Beneficiary's Address	City	State	Zip

Wire Transfer Purpose:

Additional Information, if applicable:

## RETURN FAX REQUESTS

Leaders Return Fax Number: 731.215.6677

Notice: When we receive your Wire Transfer Request via Return Fax, we will confirm your request by calling the phone numbers listed on your account before proceeding. These phone numbers must be in place prior to your request.

## AUTHORIZATION AND ACKNOWLEDGMENT

I authorize the above-described Wire Transfer from my Leaders Credit Union (Leaders) account. I acknowledge and agree to pay the applicable Wire Transfer Service Charge, which is \$15.00 for Domestic Wires and \$47.50 for International Wires. I understand and acknowledge all Wire Transfer Requests received after 2:00 pm will be processed on the following business day. I understand and agree to pay any fees charged by the Receiving Financial Institution as a result of incorrect information provided by me. I further agree to indemnify and hold Leaders and its employees harmless from any and all damages, losses, costs including attorney's fees (to the extent permitted by law), or claims related to their action(s) in connection with this Wire Transfer Request.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only	International Wire Reference Number:				
	Sent By:	Date:	Time:	Verified By:	Date:
	Call Back By:	Date:	Time:	Phone #:	Time:
	Was ID Verified?	Yes	No	Verified By:	