

TECHNICOLOR

Federal Credit Union



434 W. Alameda Ave. Burbank CA 91506

Wire Transfer Request Form – Fax Completed Form to: (818) 973-4912

AMOUNT: \$

Receiving Financial Institution Information

Financial Institution: _____ Routing (ABA) #: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Recipient Information (The Individual/Entity Receiving Funds and/or Final Credit)

Beneficiary Name: _____ Account #: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Additional Identification (optional): _____

International Wires

BIC or SWIFT Code (must be 8-11 characters): _____

IBAN (Required for Wire Transfers to the European Union): _____

Originator Information (Member Sending Funds)

Member Name: _____ Account #: _____ Share #: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Additional Identification: _____

Technicolor Federal Credit Union (TFCU) is authorized to use any means it may consider necessary for the transmission of funds, and is released from responsibility for any inaccurate information provided above, interruption or delay in transmission, or for claims caused by any circumstances beyond its control. By signing above, I hereby request that TFCU attempt to perform the funds transfer described above. I understand and agree that this transaction is also subject to the applicable terms and conditions set forth in the Funds Transfer Agreement and Notice, Account Agreement and Truth in Savings Disclosure and Schedule of Fees and Charges, receipt of all of which is acknowledged and which are incorporated by this reference. For all wire transfer requests, this completed form and photo identification must be presented to TFCU in person before 11:00 a.m. Pacific Standard Time during regular business hours for same day processing. TFCU requires that the complete name and address for each recipient and originator are provided for the timely processing of this wire transfer request.

X _____
 Member Signature _____ Date _____ Contact Phone # (Required) _____

www.technicolorfcu.org
 Tel: (818) 973-4900 • Fax: (818) 973-4912 • FYI: (818) 973-4910
 Federally Insured by NCUA

--- Operations Department Use Only ---

Teller #: _____ Member Contacted (required over \$1,000): _____ Signature Verified: _____

Manager Approval: _____ CEO/CFO Approval (required over \$10,000): _____

--- Wire Department Use Only ---

Date of Funds Transfer: _____ Input by: _____ Verified by: _____