

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

WIRE TRANSFER PURPOSE: \_\_\_\_\_

**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): \_\_\_\_\_

***Originator Information (Member Sending Funds)***

Member Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Share #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Additional Identification: \_\_\_\_\_

By signing below, you agree to release TFCU from responsibility or liability 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, receipt of all of which is acknowledged and which are incorporated by this reference. This completed form must be presented to TFCU before 1:00 p.m. Pacific Standard Time during business hours for same day processing. Wire transfers are limited to \$1,500,000.00 per form, and will only be accepted in person, by DocuSign or by Fax, and are all subject to verification and approval.

X \_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone # (Required)

**www.technicolorfcu.org • Tel: (818) 973-4900 • Federally Insured by NCUA**

--- Operations Department Use Only ---

Teller #: \_\_\_\_\_ Signature Verified \_\_\_\_\_ Member Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

--- Wire Department Use Only ---

Date of Funds Transfer: \_\_\_\_\_ Input by: \_\_\_\_\_ Verified by: \_\_\_\_\_