



25 Porter Road, Suite 100
 Littleton, MA 01460
 www.hfcu.org | 800.656.4328

DOMESTIC WIRE TRANSFER REQUEST

Name: _____ Member Number: _____

Phone: _____ Email: _____

Domestic Wires in excess of \$50,000.00 require a copy of a valid US Drivers' License or Passport included with form.

DOMESTIC WIRE INFORMATION

US Currency Amount Wired \$ _____ Wire Charge \$20.00

Savings Suffix #: _____ Checking Suffix #: _____ Other Suffix #: _____

I authorize Hanscom Federal Credit Union to debit the wire and wire charge from the account suffix noted above.

Beneficiary Bank/Credit Union Name _____ ABA # _____ - _____ - _____

Beneficiary Bank/Credit Union Address _____ City/State/Zip _____

(If Applicable) Intermediary US Bank/Credit Union Name _____

(If Applicable) Intermediary US Bank/Credit Union ABA # _____ - _____ - _____

(If Applicable) Intermediary US Bank/Credit Union Additional Information _____

Beneficiary Name _____

Beneficiary Account # _____ Misc. Wire Information _____

Beneficiary Address _____ City/State/Zip _____

I understand that Hanscom Federal Credit Union is acting strictly as an agent and will act only on the instructions that I have provided. In the event that the information provided is incomplete or incorrect, I release Hanscom Federal Credit Union from any liability that may result. The payee or any Financial Institution (FI) may be identified by name, account number, or ABA #. Hanscom Federal 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. Regulation J governs a wire transfer cleared through the Federal Reserve. I authorize Hanscom Federal Credit Union to transfer funds as described herein and debit my account in the amount transferred, plus applicable charges. I understand that should I request a wire by fax or by secure email, the wire will be verified by a call-back from a Credit Union employee to me using a telephone number currently on file at Hanscom Federal Credit Union. This call-back may require me to send a secure email verifying the authenticity of the fax request.

Signature: _____ Date: _____

COMPLETED BY MEMBER SERVICE REPRESENTATIVE

Request received through In Person Secure Email Fax Mail

Employee Name completing form _____ Operator # _____ Extension # _____ Branch Office _____

Member Signature was verified by Employee Name _____ Date verified ____/____/____ Time verified _____

Verification of Member – Type of ID _____ ID # _____ Expiration Date of ID _____

Secondary Verification for completeness of form – Employee Name (other than above) _____ Operator # _____

FOR CREDIT UNION OPERATIONS USE

Member reached for verification? Yes No Employee Name _____ Date verified ____/____/____ Time verified _____

Information for Outgoing Wire to be completed by Operations Team Member **OFAC Verified by:** _____ **on** _____

Repetitive Wire? Yes No If Yes, compare "Outgoing Wire Detail" against On-File Template for sameness. Wire Form/Template verified by _____

Initiated by _____ Approved by _____ Funds Withdrawn by _____ Funds Verified by _____

Bring to a local branch **Mail** to Hanscom Federal Credit Union Operations Department 25 Porter Road, Suite 100 Littleton, MA 01460-1434 **Fax** 978.952.8533

Federally Insured by NCUA Updated 12/2020