

DOMESTIC WIRE TRANSFER REQUEST FORM

Please submit form to a local branch.

Date: _____

Name of Sender (debtor): _____

Sender's Address: _____

Sender Account Number: _____

Amount of Wire: _____ Fee: \$ _____ Total: \$ _____

Method of Payment: Cash _____ From Acct. _____ Acct. Balance _____

Name of Receiving Institution: _____

Address: _____ City: _____ State: _____

ABA Routing and Transit Number: _____

Beneficiary (creditor): _____

Beneficiary's Address: _____

Beneficiary Account Number: _____

Instruction Information: _____

Remittance Information (Purpose of Wire): _____

I authorize First Peoples Community Federal Credit Union to make the above itemized wire transfer. I understand that all wires must be received in accounting no later than 1:00 p.m. on the date of the transfer. I understand that First Peoples will endeavor to send wires after that time but there is no guarantee that they will be received by the receiving institution if sent after 1:00 p.m. I also understand that First Peoples relied on the correctness of the information given by me as to name, routing number, and account numbers and I hold them blameless for any action resulting in incorrect information given to them. In all events, routing and account numbers will supersede information such as institutions or account names.

*****Please note that First Peoples wire department will contact you at the telephone number on file prior to this wire transfer being processed, and this wire request will not be processed until such confirmation is obtained.*****

Member Signature: _____ Date: _____

FOR FINANCIAL INSTITUTION USE ONLY

Member Verified by: _____
(Employee Signature)

Method of Member Verification: _____

07-25