



Catholic United Financial CREDIT UNION

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Saint Paul, MN 55126

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WIRE TRANSFER REQUEST

This form should only be used to initiate transfers within the United States. CUFCU must receive a signed wire transfer authorization by 3PM for the transfer to take place on the same business day. **Please complete this form and return it to us in person. We cannot accept this request by fax unless we have a Wire Transfer Agreement on file.** CONTACT THE RECEIVING FINANCIAL INSTITUTION FOR THEIR INSTRUCTIONS SO YOU CAN COMPLETE THIS FORM ACCURATELY.

PURPOSE OF WIRE (REQUIRED): _____ **DOLLAR AMOUNT:** _____

ORIGINATOR: This is where the money will come out of. CUFCU ACCT#: _____ SUFFIX: _____

SSN: _____ NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

RECEIVER: This is the financial institution that will directly receive the money from CUFCU. This may or may not be in the institution where the beneficiary maintains an account.

ABA/ROUTING NUMBER: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BENEFICIARY FINANCIAL INSTITUTION (if applicable): If the beneficiary below does not have an account relationship with the receiver above, this section must be completed to indicate the financial institution that does have an account with the receiver. The beneficiary financial institution is the entity where the beneficiary has an account. In many cases, there will be no beneficiary institution. If the beneficiary has an account the receiver institution, this section should remain blank.

ABA/ROUTING NUMBER: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BENEFICIARY: This is the person or entity who ultimately will receive and own the money that is being transferred.

ABA/ROUTING NUMBER: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AGREEMENT & SIGNATURE: I understand that (a) CUFCU will make their best effort to expedite the wire transfer but cannot control the time the funds will be credited to the recipient's account, (b) CUFCU is not liable if the information provided above is incorrect, and (c) CUFCU may need to contact me to verify certain information, and that their inability to reach me may result in a delay or cancellation of this transfer.

MEMBER SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY: RECEIVER: _____ DATE: _____ TIME: _____ INITIATOR: _____

VERIFIER: _____ SUPERVISOR: _____ RUN OFAC: _____ COLLECT FUNDS: _____