

# Wire Transfer Request Form



FARMERS INSURANCE  
FEDERAL CREDIT UNION

Date to be Sent: \_\_\_\_\_

Member Number: \_\_\_\_\_

**Note:** All information is required. Wiring instructions must be obtained from the receiving financial institution by the beneficiary (recipient) of the wire. Incorrect information can result in delays in wire processing and/or loss of funds. FIFCU is not liable for any losses suffered due to incorrect information provided. The cut off time for wire processing is 11:30 AM PST. A service charge will be assessed - See Schedule of fees.

<b>1. RECEIVING FINANCIAL INSTITUTION'S INFORMATION -</b>	
Receiving Routing Number: _____	Financial Institution Name: _____
\$ Amount: _____ <small>(Numeric)</small>	Written Amount: _____
<b>2. SENDER'S/MEMBER INFORMATION (Originator) -</b>	
Member Name: _____	Account Number _____
Member Address: _____	
Phone Number: _____ - _____ - _____	Driver's License/ID Number: _____
Email Address: _____	
<b>3. INTERMEDIARY BANK INFORMATION (Complete only if using a correspondent or middle bank) -</b>	
Financial Institution Name: _____	Account _____
Address: _____	
<b>4. BENEFICIARY INFORMATION (Recipient) -</b>	
Name _____	Account _____
Address: _____	
If Address is the same as section 2, please check the box <input type="checkbox"/>	
<b>5. MISCELLANEOUS/REFERENCE INFORMATION -</b>	
<b>6. PURPOSE OF WIRE -</b>	

**\*Please attach wiring instructions for Title or Escrow Wires.**

By signing below, I certify that the information provided is correct and I agree with the terms set forth.

**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(A callback must be done on ALL wires and a legible copy of a valid photo ID may be requested unless a Credit Union Representative has witnessed and verified the actual signature.)

**CREDIT UNION USE ONLY**

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Received By:</b> _____	<b>Date:</b> _____	<input type="checkbox"/> Person <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Email	<b>Service Charge:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> CMF <input type="checkbox"/> Real Estate Dept. <input type="checkbox"/> Accounting <input type="checkbox"/> Loan Dept. <input type="checkbox"/> Management <input type="checkbox"/> Marketing <input type="checkbox"/> Other _____			
<b>Verification:</b> <input type="checkbox"/> In-Person/Branch #: _____		<input type="checkbox"/> Callback/Who performed callback? _____	
Please indicate Verification used: _____			
<b>Wire Entry and Verification:</b>			
Entered by: _____ Journal by: _____ OFAC by: _____ Verified/Sent By: _____			

\*Please forward or fax the completed form to Member Support Center at [msc@figfcu.org](mailto:msc@figfcu.org), 323-209-6739\*