

# DOMESTIC WIRE TRANSFER REQUEST FORM — INSTRUCTIONS

FIGFCU offers fund transfer services via wire within the U.S. states and territories. Your completed and accurate wire form with any attachments must be received by **11:30 AM PST**. Requests received after the deadline will be processed the following business day. The information below will guide you on how to complete the *Domestic Wire Transfer Form*.

- Date to be sent**  
Actual date when the wire will be sent
- Member Number**  
Provide your member number

## Section 1: Sender/ Account Holder Information On File

- Account Number** — Actual account number (not member number) where the funds will be withdrawn from. Please note that we cannot process a wire from a Money Market, Online, Premium Trust or Club Account
- Account Type must be checked** — Select Checking or Savings
- Member Name** — Member or Joint Owner requesting the wire transfer
- Member Address** — Full address of the member
- Best Contact Phone Number**
- Email** (If confirmation needed) — Email Address

## Section 2: Receiving Financial Institution Information

- Receiving Routing Number ABA** — The Routing/ Transit Number for the institution receiving the funds. The member should obtain this 9-digit number from the Receiving Financial Institution
- Financial Institution Name** — This is the name of the Financial Institution receiving the funds
- Dollar Amount** — Write the amount of the wire using numbers. Please do not include the fee
- Written Amount** — Write the amount using words, e.g., five thousand sixty

## Section 3: Intermediary Bank Information


Use this section only if the Financial Institution where the recipient's account is located is not able to receive the wires directly, but must receive funds through a Correspondent or Intermediary Financial Institution.

- Financial Institution Name** — The institution where the recipient's account is located if it is not the Receiving Financial Institution
- Account No.** — The Beneficiary Financial Institution's Routing Number or Account Number at the Receiving or Intermediary Financial Institution
- Address** — The Beneficiary Financial Institution's address

## Section 4: Receiver's Information (Beneficiary)

- Name** — Person or Company who owns the account receiving the funds
- Account No.** — The Recipient's Account Number
- Address** — Recipient's address is a required field. If the address is the same as the Sender's Address, place a check mark on the box below the address line.

**Note: If the Receiver of the wire is a Title/ Escrow Company, provide a copy of the wiring instructions from the Title/ Escrow Company.**

DOMESTIC WIRE TRANSFER REQUEST FORM		 <b>FARMERS INSURANCE FEDERAL CREDIT UNION</b>	
<b>Date to be sent:</b>	<b>1</b>	<b>Member Number</b>	<b>2</b>
<small>Note: All information is required. Wiring instructions must be obtained from the receiving financial institution for the beneficiary (recipient) of the wire. Incorrect information can result in delays in wire processing and/or loss of funds. Wire cannot be processed from a Money Market, Online, Premium Trust or Club Accounts. FIGFCU 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.</small>			
<b>1. SENDER/ACCOUNT HOLDER INFORMATION ON FILE</b>			
Account Number:	<b>3</b>	<b>4</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> GL (Internal Use Only)
Member Name:	<b>5</b>		
Member Address:	<b>6</b>		
Best Contact Number:	<b>7</b>	Email (if confirmation needed)	<b>8</b>
<b>2. RECEIVING FINANCIAL INSTITUTION INFORMATION</b>			
Routing Number:	<b>9</b>	Financial Institution Name:	<b>10</b>
\$ Amount:	<b>11</b>	Written Amount:	<b>12</b>
<small>(Numbers Only) (Letters Only)</small>			
<b>3. INTERMEDIARY BANK INFORMATION (Complete only if using a correspondent or middle bank)</b>			
Financial Institution Name:	<b>13</b>	Account No.:	<b>14</b>
Address:	<b>15</b>		
<b>4. RECEIVER'S INFORMATION (BENEFICIARY)</b>			
Name:	<b>16</b>	Account No.:	<b>17</b>
Address:	<b>18</b>		
<small>If address is the same as Section 1, please check the box, <input type="checkbox"/></small>			
<b>5. MISCELLANEOUS/REFERENCE INFORMATION</b>			
<b>19</b>			
<b>6. PURPOSE OF WIRE</b>			
<b>20</b>			
<small>Please attach wiring instructions for Title or Escrow Wires. Wet signature or stylus signature is required. Pre-defined DocuSign signature will not be accepted. A legible copy of a valid photo ID is required for all wire transfers. A callback will be performed on wire requests received via fax, mail, email or phone.</small>			
By signing below, I certify that the information provided is correct and I agree with the terms set forth.			
<b>Member's Signature</b>	<b>21</b>	<b>Date:</b>	<b>22</b>
<b>CREDIT UNION USE ONLY</b>			
<b>Supervisor Signature:</b>		<b>Date:</b>	
Received By:	Date:	<input type="checkbox"/> Person <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Service Charge: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Submitted by (CU Staff to Wires Team):</small>			
<input type="checkbox"/> Accounting	<input type="checkbox"/> Branches	<input type="checkbox"/> CHF	<input type="checkbox"/> CRE <input type="checkbox"/> Loan Dept. <input type="checkbox"/> Management <input type="checkbox"/> Marketing <input type="checkbox"/> MSC <input type="checkbox"/> Real Estate <input type="checkbox"/> Other
Verification:	<input type="checkbox"/> In-Person/Branch #:	<input type="checkbox"/> Initial check	<input type="checkbox"/> Callback/Completed by:
<small>Security phrase on file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Removed <input type="checkbox"/> Verification used</small>			
<small><input type="checkbox"/> Please check this box for wire transfer transaction confirmation number to be emailed to account holder only</small>			
<b>Wire Entry and Verification:</b>			
Entered by:	Journal by:	OFAC by:	Verified/Sent By:
<small>*Please forward or fax the completed form to the Wire Processing Team at <a href="mailto:mso@figfcu.org">mso@figfcu.org</a>, 323-209-6739. If you have any questions, please call us at 323-209-6254.</small>			

## Section 5: Miscellaneous/ Reference Information

- This box is used to provide further information that will be sent to the receiving institution or beneficiary of the wire. Information such as escrow number, escrow officer's name, a further account number, or a reference for a loan (e.g. "pay off car loan").**

## Section 6: Purpose of Wire

- Member is required to enter information on this field as required by the Bank Secrecy Act.**

## Section 7: Member's Signature and Date

- Member's Signature** — Member sending the wire must sign the form. Please note that wet signature or stylus signature is required. Pre-defined DocuSign signatures will not be accepted
- Date** — Write the date when the form was signed

Review all the information on the form for accuracy. Once completed, please send the form to FIGFCU's Wire Processing Team at [mso@figfcu.org](mailto:mso@figfcu.org) or fax it to 323.209.6739.

For additional information or questions, please contact us at 323.209.6254.