



# Domestic Wire Transfer Request

Wire Amount \$ \_\_\_\_\_ + \$20.00 fee

**Deadline: 1:30 pm PT**

### Bank Information

Receiving Financial Institution (FI) Routing/ABA No.: \_\_\_\_\_  
Receiving FI name: \_\_\_\_\_

### Originator/Member Information

Originator Account #: \_\_\_\_\_ Share Type: \_\_\_\_\_  
Originator First & Last Name: \_\_\_\_\_  
Originator Street Address: \_\_\_\_\_  
Originator City, State, Zip \_\_\_\_\_  
Originator Day time call back Phone No. \_\_\_\_\_

### Beneficiary Information

Beneficiary's Account #: \_\_\_\_\_  
Beneficiary's Name: \_\_\_\_\_  
Beneficiary's Address: \_\_\_\_\_  
\_\_\_\_\_

### Third Party or Intermediary FI (if applicable)

Routing/ABA#: \_\_\_\_\_ Account #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### Additional Information, Special Instructions, Escrow #, Other

\_\_\_\_\_

**Purpose of wire:** \_\_\_\_\_

The undersigned acknowledges that the above information is correct and accepts responsibility for any errors resulting from incorrect or inaccurate information. The undersigned authorizes Providence FCU (the "Credit Union") to use any means it deems suitable for the transmission of the funds and understands and agrees that in carrying out this wire transfer, the Credit Union acts only as an agent. The undersigned hereby releases the Credit Union from all liability from any loss unless the loss arises out of the Credit Union's failure to exercise ordinary care, failure to act in good faith, or failure to act in accordance with the undersigned's instructions given pursuant to this Authorization. If the undersigned's Authorization identifies the beneficiary both by a name and an identifying or account number and the name and number identify different persons, payment or cancellation of the order may be made solely on the basis of the number.

Originator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Upload completed form and identification to <https://www.providencecu.org/secure> or fax to 503.513.8770

**FOR CREDIT UNION USE ONLY**

Request Taken by: \_\_\_\_\_  
Date/Time: \_\_\_\_\_  
Type of ID: \_\_\_\_\_  
ID #: \_\_\_\_\_

**Verify Funds/Review Acct**

\_\_\_\_\_

If wire received by fax/email  
 ID Received  
 Signature verified  
 Phone number verified

Type of Identification:  
 Code Word  SSN  DOB  
 MMN  Loans  
 Other \_\_\_\_\_

\$5k – \$100K call back by:  
MSR: \_\_\_\_\_  
Date/Time: \_\_\_\_\_

\$100K+ called back by:  
Supervisor: \_\_\_\_\_  
Date/Time: \_\_\_\_\_

\_\_\_\_\_

Loan Proceeds  
 OFAC completed

\_\_\_\_\_

TranZact  
Wire entered by: \_\_\_\_\_

\$2,500.00 + doubled by: \_\_\_\_\_

TranZact # \_\_\_\_\_

\_\_\_\_\_

Symitar Posting Instructions:  
**SW** \$ \_\_\_\_\_  
 Enter Wire amount plus \$20 fee  
**SC** – Wire plus fee  
**GL** – 744200 Enter wire amount  
**Comment:** Wire and MBR's name  
**GL** – 131000. Enter \$20  
**Comment:** Wire fee and MBR's name

Posted in Symitar by: \_\_\_\_\_