

Birmingham Bloomfield Credit Union

DOMESTIC WIRE TRANSFER INFORMATION

| | | | | | | | |
|--|-----------------|--------------------|---|------------------------|----------------------------|--|--|
| Date: | | Wire Amount: \$ | | Wire Fee: \$ | | ****Gividends**** Advantage & Premier Members get a discounted fee | |
| Member Number: | Savings Suffix: | Checking Suffix: | Will this be a Recurring Wire Transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Code Word: (for Recurring) | | |
| Member Information (Originator) | | | | | | | |
| Name | | | | | Daytime Phone () | | |
| Mailing Address: (NO P.O. Boxes) Street | | | City | | State | Zip | |
| Receiving Financial Institution | | | | | | | |
| Financial Institution Name: | | | ABA/Routing #: (9 digits) | | | | |
| Mailing Address: Street | | | City | | State | Zip | |
| Intermediate Financial Institution (If any) | | | | | | | |
| Financial Institution Name: | | | | ABA/Routing/Account #: | | | |
| Mailing Address: Street | | | City | | State | Zip | |
| Beneficiary Financial Institution (Where the Beneficiary will receive the funds if other than the receiving institution) | | | | | | | |
| Financial Institution Name: | | | | ABA/Routing/Account #: | | | |
| Mailing Address: Street | | | City | | State | Zip | |
| Beneficiary | | | | | | | |
| Beneficiary Name: | | | | | | | |
| Mailing Address: Street | | | City | | State | Zip | |
| Account Number: | | | | Savings: | | Checking: | |
| Special Instructions: | | | | | | | |
| <p>I hereby request that Birmingham Bloomfield Credit Union initiate the above wire transfer. I understand and have agreed to the terms of the Wire Transfer Request Agreement (also to be used for subsequent wire transfer requests) between myself and Birmingham Bloomfield Credit Union. I realize that requested wire transfers which are received by Birmingham Bloomfield Credit Union later than 4:45 p.m. for domestic wires and 3:45 p.m. for international wires will be completed the following business day.</p> | | | | | | | |
| Member's Signature: | | | | | | | |
| ID Type: | ID Number: | | | Exp. Date: | | Verified By: | |
| This Section to be Completed by the Credit Union | | | | | | | |
| *For Recurring Wires: Keep the original on file and send a copy of the form for wire processing | | | | | | | |
| Employee Signature: | | | | | | | |
| OFAC Scan Completed By: | | | | | | Date: | |
| Funds Withdrawn By: | | | | | | Date: | |
| Call Back Verification (Request in Person or by Phone-Recurring only >= \$5,000 / Fax/mail/email >= \$3,000) Completed By: | | | | | | Date: | |
| Wire Sent By: | | | | | | Date: | |
| Verified By: | | | | | | Date: | |