



4600 Silver Hill Road  
 Room 1K250  
 Washington, D.C. 20233  
 (301) 763-0287 ☎ FAX (301) 735-8367  
 (800) 343-6788

## Wire Transfer Request

**Note:** This form must be completed by the person requesting a wire transfer. Please print all information in ink. Any changes must be initialed. In this Wire Transfer Request ("Request") the words "You" and "Member" mean the member making this Request. The words "We", "Us", "Our", and "Credit Union" mean Census Federal Credit Union.

Member Name		Account Number To Be Debited _____ <input type="checkbox"/> Primary Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other _____	
Address (Street Address, City, State, Zip Code)			
Daytime/Work Telephone Number	Home Telephone Number	Social Security Number	Transfer Amount \$
Purpose			

Destination Financial Institution	Address/City/State	Routing and Transit Number (R & T)
Destination Financial Institution (Respondent)	Address/City/State	Routing and Transit Number (R & T)

Foreign/Overseas Transfers - List Correspondent Bank in the US and applicable R&T Number

Name and address of Person Receiving Funds	Account Number of Person(s) receiving Funds <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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**Additional Message:** \_\_\_\_\_

By signing below, You authorize Us to transfer funds as described above and debit Your Account in the amount transferred, plus any applicable fees or charges. You acknowledge that this transfer is being made in accordance with the terms of Our Wire Transfer Agreement, that You have received a copy of it and agree to its terms. Wire Transfer Authorization requests received by \_\_\_\_\_ on a business day are transferred the same day.

Member Signature	Date	Time
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### Credit Union Use Only

Request Received: <input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Internet <input type="checkbox"/> Courier <input type="checkbox"/> Other _____					
Request Received By:	ID/Type of Transfer/and Number	Date/Time Received	Time Transferred	Posted/Member Account <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Posted <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature verified with membership card Staff initial _____	SW or DW completed Teller ID _____ Tran Number		Driver's license copied and attached Staff initial _____		
Callback: <input type="checkbox"/> Yes <input type="checkbox"/> No - record reason: <input type="checkbox"/> Under limit <input type="checkbox"/> Other (specify) _____					
Called back by: _____ Time/Date _____ Confirmation No. _____					