



UNIVERSITY OF KENTUCKY FEDERAL CREDIT UNION

1730 Alysheba Way | Lexington, KY 40509
t: 800.234.8528 | p: 859.264.4200 | f: 859.264.4202
www.ukfcu.org

Fund/Wire Transfer Request

IMPORTANT INFORMATION - This document supports consumer domestic transfers, business domestic transfers, and business international transfers.

One Time **Subject to Fund/Wire Transfer Agreement**

Member No: _____

You may identify the payee or any financial institution by name and by account number or other appropriate identifier. The Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. Fund/wire transfers may be governed under Regulation E or the Uniform Commercial Code (UCC), Article 4A, dependent upon the nature of the transaction. If a wire transfer is cleared through the Federal Reserve, the transaction will also be governed by Regulation J.

SENDER/PAYER INFORMATION

Name: _____
Business Name: _____
Address: _____
City, State, Zip: _____
Day Phone No: _____
Transfer Amount: \$ _____
Special Payment Instructions from Sender: _____

RECIPIENT/PAYEE INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Country: _____
Account No: _____
Special Identifier of Recipient: SSN: _____
TIN: _____ DL#: _____

RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____
Address: _____
City, State, Zip: _____
ABA Routing/Transit No: _____
IBAN/Swift Code/Sort Code: _____
Branch Information: _____
Special Routing Instructions: _____

INTERMEDIARY FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____
Address: _____
City, State, Zip: _____
ABA Routing/Transit No: _____
IBAN/Swift Code/Sort Code: _____
Branch Information: _____
Special Routing Instructions: _____

PURPOSE

Purpose: _____

ACCOUNT OWNER/AUTHORIZED PERSON SIGNATURE _____ DATE _____
X

INTERNAL USE ONLY

Confirming Funds Transfer Request:
Name: _____
Name: _____
Date and Time of Request: _____
Amount of Fee: \$ _____
Identification Used: _____
Method of Transfer: _____
OFAC Verification By: _____
Special Instructions: _____

Security Method Used: _____
Date and Time: _____

For Callbacks (if applicable) or TLO:
Employee Performing Callback/TLO: _____
Phone No. Used for Callback/TLO: _____
Source/Verification of Secure Telephone No: _____

Member Cancelling Request:
Cancel Date: _____
Processed By: _____
Ops Name: _____
Ops Name: _____
Ops Name: _____



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