



WIRE INFORMATION

AMOUNT TO BE WIRED: \$ _____	WIRE EXECUTION DATE (MM/DD/YYYY): _____
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MEMBER INFORMATION

NAME: _____	ADDRESS, CITY, STATE, AND ZIP: _____	ACCOUNT NUMBER (INCLUDE SUFFIX): _____
		DAYTIME CONTACT NUMBER: _____

RECEIVING (INTERMEDIARY) BANK INFORMATION

OPTIONAL SECTION: Complete only if the wired funds must pass through a correspondent bank to arrive at the beneficiary's bank

NAME: _____	CITY & STATE: _____	ABA NUMBER: _____
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BENEFICIARY'S BANK INFORMATION

NAME: _____	ADDRESS, CITY, STATE & ZIP: _____	ABA OR ACCOUNT NUMBER WITH RECEIVING BANK: _____
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BENEFICIARY INFORMATION

NAME: _____	ADDRESS, CITY, STATE, & ZIP: _____	ACCOUNT NUMBER: _____
SPECIAL INSTRUCTIONS: _____		

I understand there will be a \$20.00 fee for domestic wire transfers. I also understand that these funds will be sent by Fedwire and are therefore, subject to the Federal Reserve Board's Regulation J, which states:

"If I give Tallahassee-Leon Federal Credit Union a payment order which identifies the beneficiary (recipient of the funds) by both name and identifying or account number, payment may be made by the beneficiary's bank on the basis of the identifying or bank account number, even if the number identifies a person different than the named beneficiary."

"If I give Tallahassee-Leon Federal Credit Union a payment order which identifies an intermediary of beneficiary's bank by both name and identifying number, a receiving bank may rely on the number as the proper identification even if it identifies a different person than the named bank."

Please note that the Credit Union and Corporate America FCU will not be responsible for any loss of funds, if you provide us with incorrect or incomplete information.

I have read, understand, and agree to the terms and conditions as stated on the front and back of this request.

Member's Signature _____ **Date** _____ **Time** _____

TLFCU USE ONLY	
BRANCH:	Wire Sent By _____ Date/Time sent _____
<input type="checkbox"/> Funds available and taken from account	
<input type="checkbox"/> Fee charged	
<input type="checkbox"/> OFAC review completed	
ACCOUNTING:	Wire Verified By _____ Date/Time sent _____