



# DOMESTIC WIRE TRANSFER CONSUMER AND BUSINESS MEMBER REQUEST

### MEMBER INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ City, State and Zip Code: \_\_\_\_\_  
 Account #(Include suffix) \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Purpose of the Wire: \_\_\_\_\_  
 Transfer Amount \$ \_\_\_\_\_  
 (Enter amount with decimals) (Please indicate specific reason for transfer)

Initials: \_\_\_\_\_

### RECEIVING BANK INFORMATION

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

Initials: \_\_\_\_\_

### INTERMEDIARY BANK INFORMATION

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

Initials: \_\_\_\_\_

### RECIPIENT INFORMATION ( beneficiary person or company receiving wire) NO PO BOX ADDRESS

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ Address: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Additional Information (if further credit to-include name, address and account number ): \_\_\_\_\_

Initials: \_\_\_\_\_

I understand that Tropical Financial CU will charge a wire transfer fee to my account (refer to the Schedule of Fees) and that the receiving bank may also charge an incoming wire transfer fee to the beneficiary (recipient) account.

**IMPORTANT NOTICE:** Tropical Financial CU relies on the information that you have provided in order to transfer funds to another bank account. Please be sure that the information you have provided to us is accurate and complete, including the account number, financial institution details and the currency of the Recipient's account. Your funds transfer request may settle by the beneficiary bank's routing number and the beneficiary's account number that you have provided, even if the name given for the beneficiary bank and/or the beneficiary account do not match. If the account number or details are incorrect, your funds may be sent to the wrong bank account number and may not be recovered.

By Federal law, all wire transfer funds are verified against the Office of Foreign Assets Control's (OFAC) designated lists.

Initials: \_\_\_\_\_

**Include a Copy of Your Driver License  
No Digital/Docusign signatures, Date or initials accepted.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Completed Form to TropicalFCUWireDept@tfcu-fl.org or Fax to: (954) 499-6793 Outgoing domestic wire transfer cutoff time is 3:00 PM**

### To be completed by Credit Union:

#### Account Verification

Member ID: \_\_\_\_\_

Member Phone Contact: \_\_\_\_\_

Employee Name and ext.#: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

#### Wire Department:

Entered: \_\_\_\_\_

<b>Name</b>	<b>Date</b>	<b>Time</b>
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Verified: \_\_\_\_\_

<b>Name</b>	<b>Date</b>	<b>Time</b>
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Released: \_\_\_\_\_

<b>Name</b>	<b>Date</b>	<b>Time</b>
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