



DOMESTIC WIRE TRANSFER CONSUMER AND BUSINESS MEMBER REQUEST

MEMBER INFORMATION

Name: _____ Address: _____
 Account #: _____ City, State and Zip Code: _____
 Phone #: _____ Email Address: _____
 Transfer Amount \$ _____ Purpose of the Wire: _____

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)

Name: _____ Address: _____
 Account #: _____ Address: _____
 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.

Initials:

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

Outgoing domestic wire transfer cutoff time is 3:00 PM

Member Signature: _____ Date: _____

If by Fax: Return Completed Form to Wire Dept. (954) 499-6793

Include a Copy of Your Driver License

To be completed by Credit Union:

Account Verification

Member ID: _____
 Member Phone Contact: _____
 Employee Name and ext.#: _____
 Date: _____
 Supervisor Signature: _____

Wire Department:

Entered: _____

Name	Date	Time
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Verified: _____

Name	Date	Time
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Released: _____

Name	Date	Time
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