



DOMESTIC WIRE TRANSFER CONSUMER AND BUSINESS MEMBER REQUEST

MEMBER INFORMATION

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

Employee Name and Ext #: _____

Expiration Date: _____

Supervisor Signature: _____

Member Phone Contact: _____

Date: _____