

# Funds/Wire Transfer Request

## Sender/Payer Information

Name \_\_\_\_\_ Day Phone # \_\_\_\_\_

Address \_\_\_\_\_ Transfer Amount \$ \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Recipient / Payee Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Account Number \_\_\_\_\_

Special Identifier of Recipient (i.e.: SSN, TIN, DL#) \_\_\_\_\_

## Recipient / Payee Financial Institution Information

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

ABA Routing/Transit Number \_\_\_\_\_

Branch Information \_\_\_\_\_

Special Routing Instructions \_\_\_\_\_

You may identify the payee or any financial institution by name and by account number (or ABA routing number). 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. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges.

Account # \_\_\_\_\_

Account Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

❖ Request must be received before 11:30 am to be processed within the same day.

Official Use Only

Date & Time \_\_\_\_\_ Fee Amount \_\_\_\_\_

Transaction/control # \_\_\_\_\_ Processed by \_\_\_\_\_

**Download this form using Acrobat Reader. Print form, complete, sign, date and submit the request to the Credit Union by fax, mail or in person.**



**Strategic  
Federal Credit Union**

**8320 Alban Rd., Suite 100, Springfield, VA 22150 (703)912-1880 Fax (703) 912-1888  
22110 Pacific Blvd., Suite 100, Sterling, VA 20166 (571)250-2019 Fax (571)250-4801**