MOUNTAIN CREDIT UNION
Your Community Credit Union

www.mountaincu.org

FUNDS/WIRE TRANSFER REQUEST

Member Number:

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 member 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.

SENDER / PAYER INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Day Phone #: _____

Transfer Amount: $ _____

Special Payment Instructions From Sender: _____

_____

RECIPIENT/PAYEE INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Account Number: _____

Special Identifier of Recipient (ie:SSN, TIN, DL#): _____

_____

X _____
Account Owner

RECIPIENT/PAYEE FINANCIAL INSTITUTION

Name of Financial Institution: _____

Address: _____

City, State, Zip: _____

ABA Routing/Transit Number: _____

Branch Information: _____

Special Routing Instructions: _____

_____

INTERNAL USE ONLY

Date and Time of Request _____

Amount of Fee $ _____

Identification Use _____

Method of Transfer _____

Transaction/Control Number _____

Processed by _____

Special Instructions _____

ACCOUNT OWNER(S):

D2300   Rev. 9/03

Member Number:

SENDER / PAYER INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Day Phone #: _____

Transfer Amount: $ _____

Special Payment Instructions From Sender: _____

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ACCOUNT OWNER(S):