

HANSCOM FEDERAL CREDIT UNION
DOMESTIC WIRE TRANSFER FORM

Members/Joint Owners are to complete boxes 1 through 3 only.

(Box 1)
 Date _____ Member Account # _____ Savings Checking Money Market Other _____
 Member Name _____ Daytime Telephone # _____
 Social Security # _____ Date of Birth _____
 Member Address _____ City/State/Zip _____

DOMESTIC WIRE INFORMATION – Please print clearly

Domestic Wires in excess of \$50,000.00 – a copy of a valid US Drivers' License or Passport **MUST** be included with this form.

US Currency Amount Wired \$ _____ Wire Charge \$20.00

US Bank/Credit Union Name _____ ABA # _____ - _____ - _____
 Bank/Credit Union Address _____ City/State/Zip _____

(If Applicable) Intermediary US Bank/Credit Union Name _____
 (If Applicable) Intermediary US Bank/Credit Union ABA # _____ - _____ - _____
 (If Applicable) Intermediary US Bank/Credit Union Additional Information _____

Beneficiary Name _____
 Beneficiary Account # _____ Misc. Wire Information _____
 Beneficiary Address _____ City/State/Zip _____

(Box 3)

I understand that Hanscom Federal Credit Union (HFCU) is acting strictly as an agent and will act only on the instructions that I have provided. In the event that the information provided is incomplete or incorrect, I release HFCU from any liability that may result. The payee or any Financial Institution (FI) may be identified by name, account number, or ABA #. HFCU (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. Regulation J governs a wire transfer cleared through the Federal Reserve. I authorize HFCU to transfer funds as described herein and debit my account in the amount transferred, plus applicable charges. I understand that should I request a wire by fax, telephone or by secure email, the wire will be verified by a call-back from a Credit Union employee to me using a telephone number currently on file at HFCU. This call-back may require me to send a secure email verifying the authenticity of the telephone or fax request.

★ Member/Joint Owner Signature _____ Date _____

Verifying Information to be completed by HFCU Employee – Entire section must be completed

Print Employee Name completing form _____ Operator # _____ Extension # _____ Branch Office _____
 Employee Signature completing form _____

Verification of Member – Type of ID _____ ID # _____ Expiration Date of ID ____/____/____
 Member Signature was Verified by Employee Name _____ Date verified ____/____/____ Time verified _____
 Call-back for *phoned-in* wire to be performed by an Employee *other* than above ➔ Employee signature processing Call-back _____
 ➔ Fax, Phone or Secure Email? Yes No If Yes, has member been reached for verification? Yes No Date verified ____/____/____ Time verified _____
 For Branch or Call Center – Secondary Verification for completeness of form – Employee Signature *other* than above _____

EasCorp Information for Outgoing Wire to be completed by Operations Team Member *****(OFAC Verified by: _____ on ____/____/____)*****
 Repetitive Wire? Yes No If Yes, compare "Outgoing Wire Detail" against On-File Template for sameness. Wire Form/Template verified by _____
 Entered by _____ Released by _____ Funds Withdrawn by _____ Funds Verified by _____