



CBI Federal Credit Union
13717 S. Route 30, Unit 157
Plainfield, IL 60544

Phone: (815) 439-5012

Fax: (815) 439-5010

DOMESTIC WIRE TRANSFER

SENDER/PAYER INFORMATION

CBI Member- Name on Account: _____

Home Address: _____

Daytime Phone (where you can be reached today): _____

CBI Account # _____ **Share Type:** Savings Checking

Wire Amount \$ _____ **Purpose:** _____

Member Signature: _____

A fee of \$35 will be charged to your account

RECIPIENT/PAYEE FINANCIAL INSTITUTION

Bank ABA # (9 digits): _____

Bank Name: _____

Instructions (Branch Location): _____

For further credit to (if applicable): (ex: correspondent banks, escrow and investment companies)

Beneficiary (Bank or Business Name): _____

Account Number/ABA Number: _____

Address: _____

RECIPIENT/PAYEE INSTITUTION

Beneficiary (Name on Account): _____

Beneficiary Address: _____

Beneficiary Account # (at Bank): _____

Beneficiary Account Type: Savings Checking Other

Additional Comments/Information: _____

You must speak to a credit union representative and complete a Wire Transfer Agreement before your request can be processed.

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. CBI Federal Credit Union (CBI FCU) cannot be responsible for any funds once they are sent through the wire transfer system. 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 fee.

Domestic Wire Transfer requests will be processed between 9:00 a.m. and 3:00 p.m. Monday thru Friday on days that the Federal Reserve and CBI FCU are open for business. If your wire transfer request is received after 2:00 p.m., the request will be processed on the next business day.

Member Signature: _____

Date _____

CREDIT UNION INTERNAL USE ONLY

Verify if member signed in person		Verify if request was made without member present	
Address & Phone # (required)		Address & Phone # (required – verify system)	
TIN # (*If none, PP or Alien ID req'd)		Call Back Number _____ Required	
Type of ID/Country #		Password: _____ PIN: _____	
Also Requires 2 of the following verifications when performing Call Back			
OFAC (Req) Every Wire Transfer		Amount or Date of Last Deposit	
Driver's License Number or Passport on File		Type of Products	
Signature Verified w/Membership Card on File		Password or PIN (if not already verified)	
Birth date or Joint Account Member name		Last place Debit card was used	

Verified By _____ Date _____ Wired on: ____/____/____ By Employee _____

Posted to Member's Act & Fee _____ Approval at Alloya _____