



iTHINK Financial Credit Union
 P.O. Box 5090, Boca Raton, FL 33431-0890
 800.873.5100 • www.ithinkfi.org • serviceplus@ithinkfi.org

DOMESTIC WIRE TRANSFER REQUEST FORM

Return completed form to Fax 561.226.5415 or
 via Secure Email to serviceplus@ithinkfi.org

PLEASE PRINT OR TYPE. ALL INFORMATION MUST BE COMPLETE AND CORRECT. RETURN SIGNED FORM TO FAX 561.226.5415 OR EMAIL serviceplus@ithinkfi.org.

Callback verifications are made to your phone number of record prior to processing. Wires received with call back verification successfully completed, will be processed within 24 hours of receipt, or by the end of the next business day. Wire transfers must be requested in writing on a current wire transfer form, and must include a clear legible copy of your unexpired government issued photo identification. Do not send your confidential wire instructions via email unless you can create a securely encrypted attachment. When sending the copy of your identification, please enlarge the image, to ensure the copy is as clear and legible as possible. Wire transfer forms that are incorrect, incomplete or illegible will not be accepted. Prior to sending your request, verify your information and available funds with Online Banking at ithinkfi.org.

DATE	TIME	THIS IS YOUR AUTHORITY TO WIRE (AMOUNT):	MEMBER NUMBER	ACCOUNT TO CHARGE (S TYPE)
MEMBER NAME (SENDER)				EMPLOYEE INITIATED WIRE ID <input type="checkbox"/> OP#
PURPOSE	WIRE FEE	ID TYPE	A CLEAR AND LEGIBLE COPY OF ID MUST BE LOADED INTO ONBASE	ID NUMBER
ADDRESS (STREET) (PHYSICAL ADDRESS ONLY, NOT POST OFFICE BOX)			PHONE NUMBER	
CITY/STATE/ZIP CODE			EMAIL	

RECEIVING BANK NAME (DO NOT USE ACRONYMS OR ABBREVIATIONS)

A.B.A. NUMBER* MUST BE 9 DIGITS

* Please be advised that the American Bankers Association (ABA) Routing and Transit Number (R&T) shown on your Check or Deposit Slip may not be the appropriate number for processing your request. Please contact the Receiving Bank and verify this information prior to completing this form.

ADDRESS (STREET) (PHYSICAL ADDRESS ONLY, NOT POST OFFICE BOX)

CITY/STATE/ZIP CODE

PHONE NUMBER

BENEFICIARY NAME (RECIPIENT) (FULL LEGAL NAME)

BENEFICIARY ACCOUNT NUMBER

ADDRESS (STREET) (PHYSICAL ADDRESS ONLY, NOT POST OFFICE BOX)

CITY/STATE/ZIP CODE

PHONE NUMBER

RELATIONSHIP TO MEMBER

When Applicable, **Third Party Information:** Not necessarily a bank that holds account of beneficiary of Funds Transfer. (credit cards, mutual funds, stockbrokers, etc.)

THIRD PARTY NAME / INTERMEDIARY BANK (FULL LEGAL NAME)

THIRD PARTY ACCOUNT NUMBER

ADDRESS (STREET) (PHYSICAL ADDRESS ONLY, NOT POST OFFICE BOX)

CITY/STATE/ZIP CODE

PHONE NUMBER

SPECIAL INSTRUCTIONS

DISCLOSURE INFORMATION FOR DOMESTIC WIRE FUNDS TRANSFERS

NOTICE OF THE USE OF FEDWIRE: If you send or receive a wire transfer, FEDWIRE may be used. Regulation J is the Law covering all FEDWIRE transactions.
 NOTICE: By Federal Law, all Wire Funds Transfers are verified against the Office of Foreign Asset Control's (OFAC) Specifically Designated Nationals (SDN) List.
 NOTICE: Wire transfer requests from consumers for credit to a domestic intermediary bank with final credit to a Non-U. S. international bank in a foreign country are prohibited by Federal law, and must be processed as international remittance wire funds transfers. Refer to a Foreign / International Wire Funds Transfer Request Form for more information. These rules do not apply to business accounts.
 NOTICE: Do not use initials or abbreviations when entering wire information, unless the title exactly matches the name for the account or institution.

I hereby authorize iTHINK Financial Credit Union to transfer funds from my account identified above to the beneficiary's (recipient's) account identified above. I understand that the Credit Union may verify and confirm a request according to its wire transfer security procedures prior to the transfer being initiated. I further understand that the Credit Union may rely on the routing and/or account number of the receiving financial institution, even if such numbers identify a financial institution or individual other than those named above. I authorize the Credit Union to debit my account for any applicable fees associated with this request, which have been disclosed to me on the Credit Union's fee schedules provided when I opened my account, and I agree to the terms and conditions of the Domestic Wire Transfer Agreement and Disclosure provided on the following page. I understand that if this transfer request is received by the Credit Union after the cut-off time, the request will be processed on the following business day. The iTHINK Financial Credit Union cut-off time is 02:00 PM Eastern Time (ET). Notify the Credit Union immediately if there is an error in the above wire transfer instructions.

I HAVE READ AND AGREE TO THE FOREGOING CONDITIONS AND THE TERMS ON THE FOLLOWING PAGE.

MEMBER'S SIGNATURE	DATE
X	

FOR CREDIT UNION USE ONLY				
DATA CHANGES <input type="checkbox"/> YES <input type="checkbox"/> NO	MEMBER VERIFIED BY (Choose one) <input type="checkbox"/> Password <input type="checkbox"/> SSN/EIN <input type="checkbox"/> DOB <input type="checkbox"/> ID	SIGNATURE VERIFIED BY (Choose one) <input type="checkbox"/> APPLICATION ON FILE <input type="checkbox"/> ID ON FILE	WIRE INSTRUCTIONS RECEIVED VIA <input type="checkbox"/> IN PERSON <input type="checkbox"/> BY PHONE <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL	
"OUT DOM WT" CRM #	BRANCH #	OPR #	EXT	EMPLOYEE SIGNATURE
CALL BACK BY (OP#)	CALL BACK DATE / TIME	CALL BACK #	SECURITY QUESTION #s	SECURITY ANSWERS
EXCEPTION REASON	MANAGER'S APPROVAL (INITIALS & OP #)	CREDIT UNION INITIATED - not for branch use <input type="checkbox"/> LOAN/CC/AP PAYMENT <input type="checkbox"/> MORTGAGE FUNDING		ACCOUNTING OFAC (INITIALS & OP #)
			CRM FINALIZATION DATE	