

# Wire Transfer Request

Signed requests received after 1:30 pm PST will be processed the next business day.

### Transaction

Account No. & Suffix	Wire Amount	Fee	Total Amount Debited from Account
	\$	\$35.00	\$

### **Recipient Financial Institution NAME AND ADDRESS REQUIRED\***

Name		ABA Routing/Transit No.	
Address	City	State	Zip

#### Recipient

Name	Account No.
Special Instructions	

## Send

Name		Daytime Callback Phone No. ( ) -	
Address	City	State	Zip

You may identify the recipient of 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. Giving the Credit Union incorrect information could prevent the transfer from being processed.

Sender's Signature:		Date:		
	Notarization atta	ched Signed in	n branch	
Sc	2843 Manlove Rd., PO Box acramento, CA 95827 )0)542-2247 Fax (916)362-	·	Branch Office: 9471 Pittsburgh Avenue Rancho Cucamonga, CA 91730 Fax (909)919-7207	
		www.cahpcu.o	<u>rq</u>	
	******	****** INTERNAL USE O	NLY **********	
Sender Verified by:	OFAC Scan completed by:	Approved by:		
Teller Initials	. ,Те	''' '	Signature/Date	
Sent to ESS:		Callback Performed by:		
Security Question	Date/Time		Signature/Date	
Processed by:			Wire Transmission Verified by:	
	Signature	/Date	Teller Initials/E	Date