



# WIRE TRANSFER REQUEST

International Wire Transfer Orders (Instructions) received after 11:00 A.M. CST and Domestic Wire Transfer Orders received after 3:00 P.M. CST, or on a day that the Federal Reserve Bank observes as a holiday and the credit union is open for business, will be processed on the next business day.

TRANSFER AMOUNT: \$ \_\_\_\_\_

Choose Only One:

- DOMESTIC WIRE TRANSFER
- INTERNATIONAL WIRE TRANSFER

Phone: (281) 449-0109 | Fax: (281) 219-7664  
 8404 FM 1960 BYPASS ROAD W | HUMBLE, TX 77338  
 info@investexcu.org

### SENDER (ORIGINATOR) INFORMATION:

ACCOUNT TO BE DEBITED: \_\_\_\_\_  SAVINGS  CHECKING  
 MEMBER (ORIGINATOR) NAME: \_\_\_\_\_ DAY TIME TELEPHONE: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: \_\_\_\_\_  
 REASON FOR WIRE TRANSFER (REQUIRED): \_\_\_\_\_

### RECEIVING BANK INFORMATION:

RECEIVING BANK NAME: \_\_\_\_\_ | \_\_\_\_\_  
ABA NUMBER OR SWIFT CODE:  
 BANK ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP -OR- CITY, COUNTRY: \_\_\_\_\_  
 FURTHER CREDIT TO BANK NAME: \_\_\_\_\_ | \_\_\_\_\_  
ABA NUMBER OR SWIFT CODE:  
 BANK ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP -OR- CITY, COUNTRY: \_\_\_\_\_

### BENEFICIARY (RECIPIENT) INFORMATION:

NAME OF BENEFICIARY: \_\_\_\_\_ | \_\_\_\_\_  
ACCOUNT #, IBAN #  
 STREET ADDRESS OF BENEFICIARY (REQUIRED): \_\_\_\_\_  
 CITY, STATE, ZIP -OR- CITY, COUNTRY: \_\_\_\_\_  
 SPECIAL INSTRUCTIONS: \_\_\_\_\_

### AUTHORIZATION: PLEASE NOTE: A COPY OF YOUR VALID AND UNEXPIRED GOVERNMENT ISSUED IDENTIFICATION IS REQUIRED

I hereby authorize InvesTex Credit Union to process an outgoing wire transfer on my behalf as instructed on this Wire Transfer Request form. I understand the amount of the wire and any applicable fees will be debited from the account listed above. The information provided is true and correct to the best of my knowledge. I understand the receiving bank indicated on this form may apply the funds based on the account number alone, whether correct or incorrect, and I agree that InvesTex Credit Union is not held liable if the funds are not received by the receiving bank or beneficiary due to incorrect or incomplete instructions.

**X** \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR CREDIT UNION USE ONLY:**

Date and Time of Wire Transfer Order Received: \_\_\_\_\_ Fee Assessed: \$ \_\_\_\_\_

REQUEST TYPE:  IN-PERSON  FAX  EMAIL

Request Taken By: \_\_\_\_\_

If Request was **not** taken IN-PERSON, Call Back Performed By: \_\_\_\_\_

Wire Entered By: \_\_\_\_\_ Wire Verified By: \_\_\_\_\_ IMAD #: \_\_\_\_\_

OFAC Verification By: \_\_\_\_\_ [Domestic = Beneficiary Name | International = Beneficiary & Receiving Bank]

