Kensington Valley Community Credit Union

# OUT-GOING WIRE TRANSFER REQUEST / AUTHORIZATION

| Member Number |
|---|
| |

Form Instructions: Complete the information below and fax the form to KVCCU at (248) 887-0663 or drop it off. We do not recommend e-mailing the form. Sensitive information should not be transmitted over an unencrypted e-mail connection. Wire transfer requests for same day transmittal must be received prior to 3:00pm. Please complete a separate form for each wire transfer request.

## MEMBER IDENTITY INFORMATION

Member name _____ Daytime Phone _____

Mailing address _____ City/State/Zip _____

Member password (if applicable) _____

## WIRE INSTRUCTIONS

**KVCCU account to transfer funds from:** Prime Share ☐ Checking ☐ Money Market ☐

**Amount to transfer:** _____ **Date of transfer:** _____

**TRANSFER TO:**

Financial institution name _____ Financial inst. routing/ABA no. _____

Financial institution phone (  ) _____

Account owner name _____ Account number _____

*Correspondent FI name _____ Correspondent routing/ABA no. _____

## SECURITY MEASURES

When the credit union receives your wire transfer request, we will confirm the payment request by calling your phone number of record on our system.If your phone number above does not match the phone number of record we have for your membership, we will endeavor to validate your request for proper authorization through other methods. If we cannot validate the authorization to our satisfaction, we will not make the transfer.

## AUTHORIZATION

By signing below you authorize Kensington Valley Community Credit Union to transfer funds per your instructions above, and you understand your account will be charged a $12 fee for a domestic wire transfer and a $25 fee for an international wire transfer (unless you have an account relationship that waives such fees). *You also acknowledge that the routing and account numbers suu provided above will take precedence over the name on the account and any error in the routing or account number could cause the transfer to be deposited in the wrong account.*

_____ _____

Member Signature Date

## For Credit Union Use Only

Date received _____ Processed by _____

Time received _____ Fee charged ☐ Confirmation received ☐

*Correspondent financial institution is a secondary institution that the your primary financial institution processes its wire transfers through.