

 **City Credit Union Domestic and International Wire Transfer Request Form**

Wire transfers are available only to existing members of City CU.  
Complete this form and email to [members@citycu.org](mailto:members@citycu.org) or fax to (972) 708-8049.

Today's date: \_\_\_\_\_ Date wire is to be sent: \_\_\_\_\_ Member name: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Driver's license: \_\_\_\_\_ State: \_\_\_\_\_ Phone number: \_\_\_\_\_

**1. Account Information**

Transfer funds from the following City CU account:

Account number: \_\_\_\_\_  Savings  Checking  Money Market

Requested amount of wire (does not include the wire fee):

Amount: \_\_\_\_\_  Domestic Wire: **\$20.00 fee**  International Wire: **\$40.00 fee\***

**2. Purpose of wire:**  Personal  Investment  Invoice

**3. Beneficiary (Recipient) Information** *\*Complete Pre-Payment/Receipt Disclosure*

Beneficiary/Recipient name: \_\_\_\_\_

Beneficiary/Recipient account number: \_\_\_\_\_ Beneficiary phone number: \_\_\_\_\_

Beneficiary address (required): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**4. Beneficiary Bank Information** (The bank where the beneficiary maintains their account.)

Bank Routing/Transit (ABA) Number: (Domestic Wires) \_\_\_\_\_

SWIFT #: (International Wires) \_\_\_\_\_

Beneficiary Bank Name: \_\_\_\_\_ Additional Information: \_\_\_\_\_

\* Beneficiary Bank Address (required): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**5. Intermediary Bank Information**

Bank Routing/Transit (ABA) Number: (Domestic Wires) \_\_\_\_\_

SWIFT #: (International Wires) \_\_\_\_\_

Beneficiary Bank Name: \_\_\_\_\_ Additional Information: \_\_\_\_\_

My signature below indicates I have the authority to execute this funds transfer request from the account(s) listed above. City CU may rely on the information I have provided in this request to execute the wire transfer. I understand that a wire fee will be assessed for this transaction as described in City CU's Fee Schedule.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teller number and initials: \_\_\_\_\_

In person / fax / email: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Member verification method (e.g., DL #, SSN, etc.) \_\_\_\_\_