



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 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.) _____