



# Domestic and International Wire Transfer Request Form

Wire transfers are available only to existing Members of City CU. Wire requests must be received by 2pm to be processed the same day. Requests received after 2pm will be processed the next business day.

Members requesting a wire by fax are subject to a \$1,000 limit. Fax request to (972) 708-8049.

Email completed form to [Members@citycu.org](mailto:Members@citycu.org).

|                  |                      |             |              |     |
|------------------|----------------------|-------------|--------------|-----|
| Today's Date     | Date Wire 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:

Acct #:  Savings Account  Checking Account  Money Market Account

Requested Amount of Wire: (does not include wire fee)

Domestic Wire: **\$20.00 Fee**  Int'l Wire: **\$40.00 Fee\***

### 2. Beneficiary (Recipient) Information

*\*Complete Pre-Payment/Receipt Disclosure*

|                                  |                                 |                     |     |
|----------------------------------|---------------------------------|---------------------|-----|
| Beneficiary/Recipient Name       | Beneficiary/Recipient Account # | Beneficiary Phone # |     |
| * Beneficiary Address (required) | City                            | State               | Zip |

### 3. Beneficiary Bank Information (The bank where the beneficiary maintains their account.)

|  |                                       |       |     |
|--|---------------------------------------|-------|-----|
| Bank Routing/Transit (ABA) Number: <i>(Domestic Wires)</i> | SWIFT #: <i>(International Wires)</i> |       |     |
| Beneficiary Bank Name                                      | Additional Information                |       |     |
| * Beneficiary Bank Address (required)                      | City                                  | State | Zip |

### 4. Intermediary Bank Information

|  |                                      |
|--|--------------------------------------|
| Bank Routing/Transit (ABA) Number: <i>(Domestic Wires)</i> | SWIFT#: <i>(International Wires)</i> |
| 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 Disclosure.

**X**  
\_\_\_\_\_  
Signature

**X**  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Teller Number & Initials

\_\_\_\_\_  
In person / Fax /  
Email

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

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