

Member Originating Wire (Sender)

Name:		Date:	
Address:			
City:	State:	Zip:	
Mobile Phone:		Daytime Phone:	
ID Verified (Attach Copy)	Withdraw Funds from Account: -		
Purpose:			

IMPORTANT INFORMATION

Are you wiring these funds due to overpayment for items sold on the internet or a cancelled purchase of items sold on the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you wiring these funds to pay for taxes or fees associated with winning a lottery or release of an inheritance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you wiring these funds to someone who hired you to process checks for them or their company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you wiring these funds to someone who sent you Traveler's Checks, Money Orders, Official Check, or Cashier's Checks via contact from the internet or phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you wiring funds to an investment firm located outside of the US that contacted you via telephone, email, or mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been contracted as a "mystery shopper" and asked to wire money back along with your evaluation of services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been told not to divulge the reason you are wiring these funds for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you wiring these funds to purchase marijuana related products or invest in marijuana related business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
** If the member answers yes to any of the above questions, then further verification of funds and/or further discussion is needed to avoid potential fraud.	

Receiving Financial Institution

****Member must contact institution for complete wiring instructions. Not all financial institutions are online w/Federal Reserve & their ABA# alone may not work.**

Name of Financial Institution:	ABA / R&T # (9 digits):
Financial Institution Address:	

Further Credit to (Individual or Business) Information

Name:	Address:		
City:	State:	Zip:	
Account Number:			
Final Credit To (Name):	Address:		
City:	State:	Zip:	
Account Number:	Type: <input type="checkbox"/> Savings <input type="checkbox"/> Share Draft/Checking		

Special Instructions or Reference Information

Wire Out Authorization

I authorize Gerber Federal Credit Union to wire \$ _____ out of my account and to withdraw a wire transfer fee of \$ 20.00, according to the current fee schedule.

By signing below I confirm that I understand (1) the financial institution receiving a transfer may pay the funds on the basis of the identifying number or account number I give, even if that number identifies a person different from the person I name, and (2) any financial institution involved in the funds transfer process may rely on the identifying number or routing number I give as proper identification, even if that number identifies an institution different from the one identified by name. I am responsible for supplying the correct information, and the Credit Union shall not be liable for an error on my part.

Member Name (Please Print):

Member Signature:

Date/Time:

FOR CREDIT UNION USE ONLY

FUNDS AVAILABILITY

I have verified that funds being wired have been available in the members account for 30 days. If funds being wired are from a check deposited within a 30-day period, a Branch Manager or the A.V.P. of Compliance and Risk Management has verified with the institution the check is drawn from that it is an open account and funds are available.

MSR Initials:

Branch Manager Initials (if needed):

Submitted In-Person Phone/Fax Request Verification

Name of Colleague accepting information:

Initials:

Date Received:

Time Received:

Name of Colleague sent to for wire creation:

Date Received:

Time Received:

Initials of Colleague creating wire:

Member contacted by phone (using number on file): Yes N/A (In-person request)

Date Verified:

Time Verified:

Initials of Colleague who contacted the member:

Initials of Colleague who performed OFAC check:

No Matches

Logged in the Outgoing Wire Log

Name of Colleague sent to for funds to be released:

Date Received:

Time Received:

Verified funds withdrawn

Initials of Colleague releasing wire:

WIRE TRANSMISSION

Created by (Signature):

Wire ID#:

Released by (Signature):

Date Released:

Time Released:

Confirmed by (Accounting):

Date Received:

Time Received: