



Amount in USD:	Currency Type:
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Member Originating Wire (Sender)

Name:		Date of Birth:
ID or Account #:	Email Address:	
Address 1:	City:	
Address 2:	State:	Zip:
Country:		
Home Phone:	Daytime Phone:	
Identification Type / # (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.

Beneficiary: Final Credit

Name:		Date of Birth:
ID or Account #:	Email Address:	
Address 1:	City:	
Address 2:	State/Province:	Zip:
Country:	Phone:	
Instructions:		

Beneficiary Financial Institution

Name:	Swift/BIC Code:	
National ID:	Branch:	
Address 1:	City:	
Address 2:	State/Province:	Zip:
Country:	Phone:	

Wire Out Authorization

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

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, I have verified with the institution the check is drawn from that it is an open account and funds are available.

MSR Initials:

Notes

Submitted In-Person Phone/Fax Request Verification

Colleague accepting information (Name):

Wire request forwarded to: Date: Time:

Request received by (Initials): Date: Time:

Member contacted at (phone number on file): Date: Time:

OFAC check performed by (Initials): No matches

Logged in the Outgoing Wire Log

Wire Transmission

Created by: Wire ID#:

Released by: Date: Time:

Confirmed by: