



Wire Transfer Request

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ElementFCU.org

All About Me

My Name: _____ Wire Send Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Amount of Wire Transfer: \$ _____ Withdraw funds from my account #: _____ Checking Savings

Send My Funds to This Person or Organization

Name of Accountholder: _____ Account #: _____

Street: _____ City: _____ State: _____ Zip: _____

This account belongs to a: Person Company. This account is: Checking Savings

Additional information or instructions: _____

Send My Funds to This Financial Institution

Name of Financial Institution Receiving Funds: _____

Street: _____ City: _____ State: _____ Zip: _____

Financial Institution ABA/Routing #: _____

Intermediary Financial Institution (if applicable)

Intermediary Financial Institution Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Financial Institution ABA/Routing #: _____ Account #: _____

Agreement

I have read the Element FCU Wire Transfer Request Agreement and hereby authorize Element FCU to transfer funds by wire as shown above. I understand my account shown will be debited for the amount of the wire and any applicable fees. I agree to hold Element FCU harmless if the funds are not received and credited due to incorrect or incomplete instructions or information.

I understand this Wire Transfer Request and Agreement is subject to Element FCU's security procedures that involve government-issued photo identification, signature identification and/or call back procedure. I understand this Wire Transfer Request may be delayed until such security procedures are completed. Any Wire Transfer Request received after 3:00 pm EST will be processed on the next business date.

My Signature: _____ Date: _____

For Credit Union Use Only

Processed By: _____ Date: _____ Time: _____ Member identity was verified by ___ signature ___ ID ___ phone