



DOMESTIC WIRE TRANSFER FORM

Domestic Wire requests received after 3:00 PM will be processed the following business day.

Wire Amount:

Domestic Wire Fee: **\$20.00**

Date: _____

SECTION A – ORIGINATOR INFORMATION

Originator Member's Name:

Account Number/Suffix:

Originator Member's
Street Address:

Originator Member's City/State/Zip:

Originator's Phone #

SECTION B – BENEFICIARY INFORMATION

Beneficiary Name:

Beneficiary Account Number:

Beneficiary Street Address:

Beneficiary City/State/Zip:

Beneficiary Reference (if applicable):

SECTION C – RECEIVING BANK INFORMATION

Receiving Bank RT (ABA):

Receiving Bank Name:

Bank Address:

CREDIT UNION INDEMNITY

I authorize Department of Labor Federal Credit Union to initiate this transfer of funds and charge to my account as indicated above. I understand and agree the Credit Union will rely solely on the routing/transit number of the Beneficiary's institution provided by me as proper identification. I further understand and agree that any fees, charges, or commissions levied by other institutions with respect to this transaction are my responsibility. I release the Credit Union, its agents and correspondents from all responsibility, obligation and/or costs associated with other institutions, actions, fees or failure to deliver the funds, whether or not the receiving institution is foreign or domestic.

Member's Signature Authorization

Date: _____

Mail To: DOLFCU
PO Box 51
Merrifield, VA 22116-0051

Fax To: (202) 408-8253

For Credit Union Use Only

Wire Number: _____
OFAC: _____
Date Received: _____
Initiated By: _____
Approved By: _____

For ESO Use Only

Date Received: _____
By: _____
Date Entered: _____
By: _____