



Outgoing Wire Transfer Request

Date: _____ Time: _____ I, _____ hereby request
 and authorize AEA Federal Credit Union to transfer \$ _____ from my account number
 _____ Savings Checking Money Market by wire to the following account:

Receiving Financial Institution Information OFAC No. _____

Name	
Routing Number	
Physical Address	
City State ZIP	

Beneficiary Financial Institution Information OFAC No. _____

Name	
Account Number	
Physical Address	
City State ZIP	

Beneficiary Information OFAC No. _____

Name	
Account Number	
Physical Address	
City State ZIP	

Originator to Beneficiary Information or FI to FI Information

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Method of Identification

Type of Document Used	
Identification Number	
Expiration Date	

I understand there is a \$20.00 charge for same day wire transfers to cover this transaction which must be placed prior to 1:30 p.m. non-daylight savings time or 2:30 p.m. daylight savings time Arizona Time. Requests made after noted time will be placed the following business morning. I further understand that if this form is not completely filled out or if any of the information I have given is incorrect, I can not hold AEA Federal Credit Union or its employees responsible if the wire fails to reach its destination. This transaction is governed by regulation I. This authorization is to remain in full force and effect until it is withdrawn in writing by me or THE CREDIT UNION in such time and in such a manner as to afford THE CREDIT UNION and DEPOSITORY a reasonable opportunity to act on it. This agreement shall be effective when signed below or in counterpart, and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as ink-signed original. I agree the Credit Union and its employees have no liability to me for their failure to complete the above authorized transactions in the event (a) I do not have available funds in any identified account to make the transaction (b) the necessary data from the Depository is not timely received, is incomplete or is erroneous (c) unforeseen circumstances or circumstances beyond the Credit Union's control (such as fire, flood, or other natural disaster) prevent or delay the transaction or (d) if this form is not completed properly or if any of the information I have provided on this form is incorrect.

Signature(s)	
Contact No.	
Date	
AEA FCU Employee Signature	Teller Number

For Accounting Use Only: Created by: _____ Sequence # _____ Verified by: _____ Scanned by: _____