

***** \$1,000.00 MINIMUM *****
Wire Transfer Request
Electrus Federal Credit Union
7100 Brooklyn Blvd Brooklyn Center MN 55429-1248
Office 763-569-4000

I, _____, authorize Electrus Federal Credit Union to wire
\$ _____ from my account # _____ to:

Financial Institution: _____
Name
Street Address City State Country

Wire transfer fee of \$10.00 will be charged to my account.
(If Non-U.S. destination, the fee will be greater than \$10.00.)

ABA or Routing/Transit #: _____

Credit Account #: _____ Name on Account: _____

Address of Receiver: _____

Special Instructions: _____

Some financial institutions rely solely on the identifying number or account number accompanying the payment order to identify the person or financial institution that is to receive payment. This means if I instruct you (Electrus Federal Credit Union) to make a payment to a person and I identify that person by both a name and account number, payment may be made on the basis of the identifying or financial institution account number, even if the number identifies a person different than the person named as the beneficiary in my instructions to you. Additionally, if my payment instructions to you identify a financial institution that is to participate in the funds transfer both by name and identifying number, any financial institution, may rely on the identifying number as the proper identification of the financial institution to participate in the funds transfer even if it identifies an institution different from the financial institution identified by name.

The cut-off time for funds transfer requests is **11:00 a.m.** on each funds transfer day. You may process and treat a funds transfer received after the cut-off time as part of your current days business or as part of your next day's business.

I authorize you to debit my account for the amount transferred, plus applicable charges as described above.

Account Owner's Signature Date **Account Owner's Phone Number**

Account Holder's Address _____

Credit Unions Use Member Telephone # Verified: _____ By: _____

Verifi #: _____ By: _____ OFAC: _____ Sig Card Veri: _____ Date/Time verified: _____ By: _____