



Internal Use Only:
Initials _____
Date _____
Time _____

OUTGOING WIRE TRANSFER CONFIRMATION

Member Name: _____

HEFCU Account Number: _____

Amount To Be Wired: _____

Telephone Number: _____

WIRE TO:

Institution Name: _____

ABA Number: _____

Name on Account: _____

Physical Address (No PO Box Please): _____

Institution Account Number: _____

The undersigned HEFCU Member requests payment be made to the beneficiary and account number named above. The undersigned agrees that this Wire Transfer is irrevocable and that the sole obligation of HEFCU is to exercise ordinary care in processing this Wire Transfer and that HEFCU is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

Member Signature: _____

**This form must be faxed at the time of each wire transfer to:
(609) 275-4194**

- Please note that there may be an origination fee based upon your relationship. Be sure to check with your representative.
- The wire transfer will post to the receiving institution within 24 business hours.
- All wire transfer confirmations received after 2:30pm will be initiated the following business day.
- By signing this form, you acknowledge and agree to be assessed a fee for this transaction.

For Internal Use Only:		Supervisor Signature (if over \$5,000)	
Call Back Verification			
_____	_____	_____	_____
Date	Time	Phone Number	Initials