

LINCOLN SDA CREDIT UNION
4733 Prescott Lincoln, Nebraska 68506 (402) 489-8886

Fax (402) 489-9161

FEE \$30.00 (UNLESS WAIVED)

All wire requests must be received by 11 AM on date requested
A Credit Union employee will be contacting you to verify all information

WIRE REQUEST

Form must be completely filled out to be accepted.

Date requested: _____ Wire Amount requested: \$ _____

Member's Name: _____

Member's Credit Union Account #: _____

Member's Phone number (where Credit Union can contact you) _____

Name of Bank funds are going to: _____

Bank's Address, City, State, Zip: _____

Bank's Phone #: _____

ABA or Routing #: _____ Bank Account #: _____

Names on Bank Account : _____

Address, City, State, Zip: _____

(P O BOX Addresses are not acceptable.)

I understand that wire transfers initiated through the Federal Reserve are governed by regulation "J", and that I may request an additional copy of this disclosure which outlines my responsibilities in the wire process if I desire. I understand it is my responsibility to provide accurate account and routing numbers to the Credit Union. I have reviewed the above numbers and they are accurate. The Credit Union and other institutions may rely on these numbers even if they identify a different party or institution. I understand the cutoff deadlines and I authorize the Lincoln SDA Credit Union to wire the funds from my account/loan and to deduct the fee if it pertains.

Member's Signature _____ Date _____

FOR CREDIT UNION USE ONLY:

Name of Member requesting wire _____

Owner on above account/suffix? _____ Yes

Are there enough funds in the account to cover the wire? _____ Yes

Have you repeated all the instructions back to the member? _____ Yes

Have you explained the cutoff deadlines to the member? _____ Yes

Name of Bank Employee _____ Time _____

Credit Union Employee Signature _____ Date _____