



# Domestic Outgoing Wire Request

Wire Amount (US Dollars) \$ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## RECEIVING INSTITUTION

Receiving Institution ABA/Routing Number: \_\_\_\_\_  
Receiving Institution/Bank Name: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

## ORIGINATOR (CW MEMBER)

Ordered By Name: \_\_\_\_\_  
Member Account Number: \_\_\_\_\_ Share Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Purpose: \_\_\_\_\_

## BENEFICIARY

Beneficiary Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Beneficiary Instructions: \_\_\_\_\_

---

## BENEFICIARY FINANCIAL INSTITUTION *(Complete if Applicable)*

Beneficiary FI Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Beneficiary FI Instructions: \_\_\_\_\_

## INTERMEDIATE FINANCIAL INSTITUTION *(Complete if Applicable)*

Intermediate FI Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
FI to FI Instructions: \_\_\_\_\_

---

**AUTHORIZATION**

By signing the wire transfer request, I authorize CommunityWide Federal Credit Union to transfer funds as shown on this request form. I am responsible for the accuracy of the above information. Notwithstanding knowledge of any inconsistency, the Credit Union and subsequent parties to the wire transfer request may act solely on the basis of the account number if the name and number disagree. The Credit Union will send the funds by any funds transfer payment system or intermediary bank at its discretion. Confirmation of the receipt from the recipient is not required; if requested, the Credit Union will request confirmation but will not be responsible for receipt. I understand there is a fee associated with sending a wire and that the funds will be withdrawn from my account when the wire is sent. There is no right to cancel or amend the transfer order. The Credit Union, at its option, may attempt cancellation or amendment if this application has been acted on, but will have no liability if the cancellation or amendment is not effectuated. If the wire transfer request is canceled, the Credit Union will not credit the funds until the Credit Union confirms the recipient has not received the funds, and any funds transmitted have been returned. The Credit Union has no obligation to re-execute any rejected or returned transfer order. The Credit Union will credit any account following return or rejection. Any credit may not be equal to the original amount due to, for example, differences in foreign currency exchange rates, wire fees, and expenses of the Credit Union or other institutions. In addition, the Credit Union will have no obligation to pay interest on any canceled, returned, or rejected wire transfer order. The Credit Union is not responsible for any transferee, beneficiary, or other party as a result of this wire transfer order, nor shall the Credit Union be liable for insolvency, neglect, misconduct, mistake, or default of another institution or person, including the originator, except as provided in this request form. The Credit Union will be liable only to its immediate originator only for failure to credit the amount of this wire transfer order to the recipient account solely as a result of the Credit Union's failure to exercise ordinary care or act in good faith. The Credit Union's liability for such failure will be limited to the amount of the transfer order plus lost interest or as otherwise required by law. Subject to the foregoing, the Credit Union's responsibility for loss of interest for error or delay shall be calculated using a rate equal to the current rate offered by the Credit Union on the share where the funds were transferred from for the period involved. Deadline: 4:00pm EST. Any request received after the deadline will not be processed until the next business day. CommunityWide FCU cannot control the delivery date of the receiving financial institution.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TAKEN BY: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
My commission # \_\_\_\_\_ expires \_\_\_\_\_