



DOMESTIC WIRE TRANSFER REQUEST

10120 Pacific Heights Blvd., San Diego CA 92121 Phone: 866-USE-4-YOU

This form MUST be completed in its entirety BEFORE the wire transfer can be processed.

Requested Date of Transfer _____
 Wire Transfer Amount \$ _____
 Wire Transfer Fee \$ _____
 Total Amount Debited \$ _____

Account Number _____
 Member Name _____
 Address _____
 City, State, Zip _____

WIRE INSTRUCTIONS

ABA (Bank Routing) Number _____
 Receiving Bank Name _____

 Account Number _____
 Beneficiary Name _____
 Address _____
 City, State, Zip _____
 References (if applicable) _____

Wires received by USE Credit Union after 12:30 PM, will be sent the next business day. I agree to the terms of the USE Funds Transfer Agreement and acknowledge that I have received a copy of it.

MEMBER'S SIGNATURE _____ **DATE:** _____

IMPORTANT: This form MUST be completed in its entirety BEFORE submitting to the Finance Department.

BRANCH USE

Address & Phone # (Required)

Also requires 3 of the following verifications:

- Social Security Number
- Mother's Maiden Name
- Driver's License on file
- Date of Birth
- Signed/Verified Disclosure on File

MEMBER SERVICE CENTER USE

- Address & Phone # (Required)
- Call back verification by _____ (Required)
- Password verification by _____ (if applicable)

Also require 3 of the following verifications:

- Social Security Number
- Mother's Maiden Name
- Driver's License on file
- Date of Birth
- Signed/Verified Disclosure on File

Employee Name _____ *Phone #* _____
Withdrawal Verified by Manager _____ *Date* _____
Manager Name _____ *Manager Signature* _____

FINANCE USE only:

Employee Enter Initial _____ *Date* _____
Employee OFAC Initial _____
Employee Verify Initial _____

