

OUTGOING WIRE TRANSFER REQUEST – Revised 08/2024

Members 1st Credit Union

PO Box 8245

Brattleboro, VT 05304

Follow the steps below to properly complete the Outgoing Wire Transfer Request form:

Note: Requester must be an authorized signer and Telephone Number must be on Credit Union Core System for member call-back.

Member Information:
Account Name: _____ Account Number: _____
Address: _____
Member Signature: _____
Telephone Number: _____ DOB: _____ SS#: _____

All parties hereby agree to the terms and conditions of the Federal Regulation J and VT State Regulation UCC Title 9A, Article 4A, in addition to the ACH and Wire Transfer Policy in the Credit Union Membership and Account Agreement. The account will be debited on the date of the origination of the Wire Transfer Request. A wire transfer can be requested during the Credit Union’s business hours. The Credit Union will process the same day outgoing transfers up until 2 pm. Wire transfer requests received after this cut-off time will be processed the next business day. The Credit Union is not responsible for any delays in crediting the beneficiary account due to the receiving bank policies. It is the receiver’s responsibility to process the received request in a timely manner. The member understands that once a wire is initiated, the Credit Union has no further responsibility. Wire transfers are instant and irrevocable and cannot be withdrawn. The Credit Union will assess a fee for all outgoing transfers as disclosed in the Credit Union Fee Schedule.

Wire Transfer Information: Amount of Wire Request: _____
Receiving Bank Name: _____
Receiving Bank ABA/SWIFT Code: _____
Bank Address: _____

Intermediate Credit To:
Receiving Bank Name: _____
Receiving Bank ABA/SWIFT Code: _____
Bank Address: _____

Final Credit to:
Receiving Account Title: _____
Receiving Account Number: _____
Receiving Address: _____

Signature of employee taking/receiving request: _____
Date request is taken/received: _____ Time request is taken/received: _____
Method of Wire request: In Person By Fax
Amount of Wire Transfer Request: _____ Amount from Fee Schedule: _____
 Verified Signature – Check box once signature has been verified to Membership Card
 Call-back to member for faxed request – Check box once confirmed telephone call has been made
 OFAC Check – Check box once Sender, receivers and intermediates have been checked against OFAC (iPower)
Signature of employee submitting wire via Tricorp: _____ Time: _____
Signature of employee verifying/approving wire via Tricorp: _____ Time: _____
Tricorp Wire sequence number on Tricorp: _____