



P.O. Box 2477
Brea, CA 92821
800.290.1112

Wire Transfer Request

Wire transfers may take up to one business day to process.
Return form by FAX: 562.237.5111, EMAIL: accountservices@amerfirst.org, or by MAIL.

Omission of any information may delay your request. All requests MUST be received by 11:30a.m., Mon-Fri.

Member Information

Member Name		Member Account Number with Suffix and Account Type		Amount (\$100 Minimum)
				Requested funds must be on deposit in the account for the prior 5 business days
Address		City	State	Zip
		Fee <input type="checkbox"/> \$25 for wire within the United States		<input type="checkbox"/> \$40 for International Wires
Date of Birth	Last 4 Digits Social Security #	DL#	Home Phone	Work Phone
		Please supply copy of valid photo ID on requests over \$100		

Beneficiary Information

Beneficiary's Bank Name (Name of Receiving Institution)			Routing #/Swift Code	
Bank Address			City	State
			Zip	Country
Intermediary U.S. Bank Name			Routing #	
Bank Address			City	State
			Zip	Country
Beneficiary's Name			Beneficiary's Account #	
Beneficiary's Address				
Originator to Beneficiary Information (Escrow #, Detail of Payments, etc.)				

Comments

Important Information

I hereby authorize American First Credit Union to debit the account number described above to complete this wire transfer request. If the name and account number of a beneficiary and/or name and identifying number of a financial institution are provided, we and other financial institutions may process the payment order (wire transfer) based upon the account number (beneficiary) and/or identifying number (financial institution) alone, even though the number may identify a person or financial institution other than the person or financial institution named.

You agree to the FUNDS TRANSFERS AGREEMENT AND NOTICE terms of American First Credit Union's Truth-In-Savings Disclosure. You also agree that the Security Procedures contained within must be satisfied before the Wire Transfer Request is considered complete.

Incomplete applications or information that does not match Credit Union records will require additional documentation and may not be processed.

Member's Signature	Date
X	

Internal Use Only

Type of ID Verified <input type="checkbox"/> Driver's License <input type="checkbox"/> State Identification <input type="checkbox"/> Other (Specify)	Verified By	Account Funds 5 Day Minimum
Wire Transfer Entered By	Account Debited By	Copy of Picture ID Attached
Wire Transfer Verified By	Day / Time Wire Sent	
OFAC Screened By	OFAC <input type="checkbox"/> Pass <input type="checkbox"/> Fail Must Pass OFAC Screening - Results Attached	
Associate Approval		
Manager / Director / AVP / VP / ET Approval (If required)		