

# WIRE TRANSFER REQUEST FORM

2625 Corporate Place, Monterey Park, CA 91754-7645  
 Mailing Address: P.O. Box 30831, Los Angeles, CA 90030-0831  
 323-268-1226, 800-222-1226, Fax: 323-980-5988, www.fafcu.org



Member Name and Address: (As shown on member number)	Daytime Phone Number:	Member Number:
	Email:	Date:

**To ensure timely and accurate processing please print clearly**

Amount to Transfer \$	Sub Account (ie S1, S8, S9, etc...):	Cell Phone:
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**Financial Institution Information**

Institution Name	9 Digit ABA (Routing Number)
Address	City, State, Zip

**Credit To**

Account Name	Account Number
Address	City, State Zip

**For Further Credit To (Third party/investments/final credit)**

Account Name	Account / Escrow Number
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**Special Instructions or Additional Information:**

Wire Transfer requests must be received and verified by **12:00 PM** (Pacific time) to be processed the same day within the United States. A \$20.00 processing fee for domestic wires will be applied.

In this Wire Transfer Request form YOU AND YOUR means each and all who sign this form. WE, US AND OUR refer to F&A Federal Credit Union. You have read and agree to the terms identified in the F&A Federal Credit Union Electronic Services and Wire Transfers Disclosure and Agreement and hereby authorize us to charge your account for the wire requested above. You understand additional fees may be deducted from your wire by other institution(s) upon posting final credit. We shall not be held liable for such charges. You understand you are providing 'written instructions' under the Fair Credit Reporting Act authorizing us to obtain information from your personal credit profile or other information from Experian. You authorize us to obtain such information to confirm your identity to avoid fraudulent transactions in your name. Wires may be delayed to complete proper identification procedures. You authorize us to electronically or otherwise record any telephone calls relating to any transfer under this agreement.

**We reserve the right to require you to come into the branch to complete your wire transfer.**


Member/Joint Owner Signature (required)  
 (sign inside graphic box for verification):

Member/Joint Owner Signature (sign again inside box for verification)

**You must attach a legible copy of valid form of identification such as a driver's license, or state identification card.**

**Sign and fax this request to (323) 980-5988. A callback verification will be performed on all requests.**