

# DOMESTIC WIRE TRANSFER FORM



## SENDER INFORMATION

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ \*Daytime Phone: \_\_\_\_\_ (8:00 a.m.–4:30 p.m. CT)

*\*If daytime phone listed here is different from the contact phone number provided at account opening or is not listed in your name, there may be additional security procedures that could delay or prevent wire transmittal.*

Email: \_\_\_\_\_ Country Code: \_\_\_\_\_ (if applicable)

UW Credit Union Account to Withdraw Funds: # \_\_\_\_\_  Savings  Checking

The fee is \$20 to send a wire transfer to a domestic destination.

## RECEIVER INFORMATION

Before you complete this form, please call the receiving institution and ask them to provide the details below.

Amount of Transfer: \$ \_\_\_\_\_ Name of Receiving Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Institution's 9-Digit Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Recipient Name (person receiving funds): \_\_\_\_\_

Receiver's Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

For further credit to: \_\_\_\_\_

(optional if sending to a company for further deposit to an individual)

**IF this transfer will pass through an intermediary financial institution before arriving at its final destination, please complete the following:**

Name of Intermediary Institution: \_\_\_\_\_

Receiving Bank's Account Number at Intermediary Bank: \_\_\_\_\_

Intermediary Institution Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

**Please print this form, complete it and deliver it to any UW Credit Union office. If delivering to a UW Credit Union office, you will need one of the following forms of identification; Driver's License, State ID, or Passport. If you are not near an office, fax your form to 608-236-2982. A UW Credit Union representative will call your daytime phone number to: (1) confirm your request, and (2) ask identifying questions to validate your identity. Note: If you routinely fax wire transfer requests, please contact us to establish a password for this purpose.**

I acknowledge that the above wire transfer instructions are true and accurate, and I authorize UW Credit Union to transfer funds in accordance with said instructions. **I understand that any written wire transfer requests received after 2:30 p.m. CT may not be processed until the following business day.**

Signature of Accountholder: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Accountholder (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

BY SIGNING THIS DOMESTIC WIRE TRANSFER FORM, YOU AGREE THAT ALL DETAILS ON THIS FORM ARE ACCURATE. IT IS HEREBY UNDERSTOOD AND AGREED THAT THE ABOVE DESCRIBED TRANSACTION IS SUBJECT TO THE CONDITIONS SET FORTH ON THIS DOCUMENT. I ACKNOWLEDGE RECEIPT OF THESE CONDITIONS.

CONDITIONS GOVERNING THE ISSUANCE OF A DOMESTIC OR FOREIGN WIRE TRANSFER: Customer agrees that the University of Wisconsin Credit Union is acting as agent of the customer for the purpose of remitting or transferring any funds or making any payments described on this document. Said remittance or transmittal may be made by the Credit Union through its customary channels or their agents, and the Credit Union and its agents are absolved from any and all liabilities for loss resulting from any cause beyond its control, including but not limited to the following: (A) The act, failure, or neglect of any agent or correspondent selected by the Credit Union for the remittance thereof; (B) Any delay, error, omission or default of any telegraph or wireless operator; (C) The acts or edicts of any government or governmental agency or any other group or groups exercising governmental powers, whether de jure or de facto. The Credit Union and its agents shall be under no obligation to retain the receipt of the payee. The Credit Union and its agents, upon request, will use its best efforts to trace payment. The Credit Union shall not be liable to make any refund prior to receipt by it of the confirmation of order of cancellation from the correspondent, agent or sub-agent engaged by the Credit Union to effect the transmittal. The Credit Union and its agents may discharge said liability, established as a result of this order with its correspondent, agent or sub-agent. The Customer further agrees that the Credit Union and its agents shall not be liable in any manner whatsoever for any miscarriage, mistake, delay, misfeasance, or nonfeasance on the part of any agent or agency selected by the Credit Union, and further releases the Credit Union from any and all liability from any loss or damage caused or occasioned by any act or thing beyond the immediate direct control of the Credit Union or its agents.