



Wire Transfer Request

Instructions:

- Fax completed *Request for Wire Transfer* to 443-927-3717; Attention: ACH Department
- Cut-off time for International Wires is 2:00 p.m. Eastern Standard Time
- Cut-off time for Domestic Wires is 3:30 p.m. Eastern Standard Time
- Wires received Monday through Friday, by the cut-off times listed above, will be processed by the close of business on the day received.

Member/Wire Information:

Effective Date of Wire: _____ Time of Request: _____
 Amount of Wire: _____ (\$ _____) U.S. Dollars
 Member's Name: _____ Account #: _____
 Member's Address: _____ Daytime #: _____

Information on Receiving Financial Institution:

Name of Financial Institution: _____
 Address: _____
 ABA # (Routing & Transit #) _____ SWIFT Code: _____

Account Information At Receiving Financial Institution:

Account Name(s): _____
 Account #: _____
 Beneficiary's Address: _____
 Special Instructions: _____

I hereby request the Municipal Employees Credit Union of Baltimore, Inc. (MECU), to charge my account as listed above for the amount of the wire and the wire fee. I understand that MECU is not responsible for any loss which may be sustained by acting upon my wire transfer instructions, except for a loss caused by MECU's error or omission; that recalled funds will be credited to my account only after the funds have been returned to MECU and that tracer requests (at my expense) on overseas wires will be accepted after a fifteen (15) day period has elapsed.

Payment instructions identifying a beneficiary (receiver) by name and account number may be settled by account number, even if the name does not correspond to that account.

Payment instructions identifying an intermediary of the beneficiary's bank by name and routing and transit number may settle by account number, even if the name does not correspond to that number.

Member's Signature: ✓ _____ Date of Request: _____ ID: _____

***** Branch/Department Use Only*****

Initiated By (Print): _____	Authorized By (Print): _____
Signature: _____	Signature: _____
Branch: _____ Teller #: _____ x _____	Contact #: _____

*****Backoffice Use Only*****

Reviewed By: _____ Teller #: _____	Submitted to FED: _____
Call Back Date & Time: _____	Signature: _____
OFAC Checked? <input type="checkbox"/> Yes	Approved By: _____
FED Data Input Complete: <input type="checkbox"/> Yes	Signature: _____
Reviewer's Signature: _____	Identifying Info: _____