

MONTAUK CREDIT UNION
 111 West 26th Street, New York, NY 10001
 212.989.5200 fax 212.989.0483
 www.montauk-cu.com

Please Print Clearly

DOMESTIC WIRE TRANSFER REQUEST

The undersigned originator requests payment to be made to the beneficiary or account number named below. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of the institution named above is to exercise ordinary care in processing this wire transfer and that it is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

ORIGINATOR DATA - MEMBER INFORMATION

*Member Name _____	*Phone Number _____
*Address _____	
**MUST BE PHYSICAL STREET ADDRESS. CANNOT USE PO BOX	
*Account Number _____	*Driver's License Number _____
Dollar amount to be Wired \$ _____	Add Fee \$15.00
Total Amount Deducted from Account \$ _____	

INTERMEDIARY FINANCIAL INSTITUTION *Required only if intermediary bank is used

*Bank Name _____	
*Bank Street Address _____	
*ABA/Routing Number _____	*Account Number _____
<small>Must be exactly 9 digits long</small>	
Additional Information _____	

FINAL CREDIT - FINANCIAL INSTITUTION / BENEFICIARY DATA

*Beneficiary Bank Name _____	*ABA/Routing Number _____
<small>Must be exactly 9 digits long</small>	
*Bank Street Address: _____	
*Beneficiary's Name: _____	* Account Number: _____
<small>Must match name on account #</small>	
*Beneficiary's Address: _____	
Additional Information: _____	

By signing this form you acknowledge that you have reviewed the above information and it is correct. You have also read, understand, and agree to the terms and conditions that accompanies this form.

*Member (Sender's) Signature: _____ Date: _____

***REQUIRED**

****For assistance, please call 212-989-5200. Fax completed form with copy of identification card to 212-989-0483**

CREDIT UNION USE ONLY

Employee Accepting Wire	Date and Time Accepted	ID Type and Number	
Fund on Deposit Since	Call Back Date and Time	Call Back By	

ADMINISTRATION USE ONLY

Date and Time Sent	Wire Sent By	OFAC	
Verified By	Date Verified	Wire Log #	