



U. S. Postal Service
Federal Credit Union

7905 Malcolm Road, Suite 311
Clinton, MD 20735-1730
(301) 856-5000 • (800) 877-7328
Fax (301) 856-4061

**WE DO NOT INITIATE
FOREIGN / INTERNATIONAL
WIRE TRANSFERS**

**Wire Transfer Request
Fax (301) 856-4061**

In this Wire Transfer Request ("Request"), the words "You", "Your" and "Member" mean the member making this Request. The words "We", "Us", "Our" and "Credit Union" mean U.S. Postal Service Federal Credit Union.

Member Name and Address		Account Number To Be Debited # _____		
		<input type="checkbox"/> Primary Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other _____		
Home Phone Number () ()	Work Phone Number () ()	Cell Phone Number () ()	Amount To Be Wired \$	Date To Be Wired
Name of Receiving Financial Institution		Routing and Transit Number (R&T)		
Address/City/State		Correspondent Institution Name and Address (if wire passes through another institution)		
		Routing and Transit Number (R&T)		
Name and Address of Person Receiving Funds		Account Number of Person receiving Funds		
Additional Instructions				

By signing below, You authorize Us to transfer funds as described above and debit Your account for the amount transferred, plus any applicable fees and charges. You acknowledge that this transfer is being made in accordance with the terms of Our Wire Transfer Agreement, that You have received a copy of it and agree to its terms. You authorize Us to deduct a \$30.00 wire transfer fee from Your Credit Union Account indicated above.

Member Signature	Date
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**Credit Union Use Only
Must be completed by USPS FCU employee**

Member Services

Request Received: <input type="checkbox"/> In Person <input type="checkbox"/> Phone ^(Reg D) <input type="checkbox"/> Fax ^(Reg D) <input type="checkbox"/> Mail Date/Time Received: ____/____/____ : ____		
Request Received By: (Initials and Teller ID#)	Verification Information <input type="checkbox"/> Specific Account Activity <input type="checkbox"/> Security Code or Password <input type="checkbox"/> Mother's Maiden Name <input type="checkbox"/> Other _____ <input type="checkbox"/> Photo ID (in-person requests) # _____	Signature Compares Favorably to Signature on File <input type="checkbox"/> Yes <input type="checkbox"/> No
Address and Phone Nos. Compare Favorably With that on file: <input type="checkbox"/> Yes INFO MUST MATCH		

**Wire requests with bad address or phone will not be granted*

Accounting

Time Transferred	Posted/Member Account <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Posted <input type="checkbox"/> Yes <input type="checkbox"/> No	OFAC Crosscheck <input type="checkbox"/> Yes <input type="checkbox"/> No
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Callback <input type="checkbox"/> Yes <input type="checkbox"/> No - record reason: <input type="checkbox"/> Under limit <input type="checkbox"/> Other (specify) _____ Called back by: _____ Time/Date _____	Callback Information: <input type="checkbox"/> Specific Account Activity <input type="checkbox"/> PIN or Password <input type="checkbox"/> Mother's Maiden Name <input type="checkbox"/> Other _____
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