

## Wire Transfer Request DOMESTIC

### General Wire Information

Standard Wire Transfer Fees apply. See Fee Schedule. See instructions.

\* Information Required

Date*	Wire Amount (\$USD) *	Account to Debit *	\$	Type*
Sender Name*	Sender Address*	Address		
	City*	State*	Zip*	

### Beneficiary Information [4200]

Beneficiary Name*	Beneficiary Address		
Account No. *	Address		
Sender to Beneficiary Info [6000]	City	State	Zip

### Beneficiary FI Information [4100]

Beneficiary FI Name (Full Name) *	Beneficiary FI Address		
Wire ABA No. (9 digit) *	Address		
Additional Beneficiary FI Info [6300]	City	State	Zip

### Intermediary FI Information [4000]

Intermediary FI Name (Full Name)	Intermediary FI Address		
Wire ABA No. (9 digit)	Address		
Additional Intermediary FI Info [6200]	City	State	Zip

### Authorization

I hereby certify that the above information is accurate and authorize University of Hawai'i Federal Credit Union to charge my account for the wire and any applicable fees. In addition, I agree to all the terms and conditions and agree to indemnify and hold the Credit Union harmless against all claims, damages, losses, and liability from the processing of this wire.

Authorized Name (Print)	Authorized Signature	Date	Day Contact Telephone
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### CREDIT UNION USE ONLY

Received by (Oper/Dt/Time)	Over Limit/Exception Approval	Notes/Comments
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**Confirmations:**

Request:	Payment	OFAC	Accounting:	Input	Verify	Filed
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## Wire Transfer Request DOMESTIC

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### Instructions

#### Restrictions for Domestic Wire Transfers:

- Accepted in-person at any Credit Union branch or through online banking via secured messaging \$5,000 maximum

\* Denotes information required

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#### General Wire Information Section

<b>Date*</b>	Today's Date
<b>Wire Amount*</b>	Amount of U.S. Dollars to be wired
<b>Account to Debit*</b>	Account number to debit wire amount and fee
<b>Type*</b>	Type of account to debit: (S1=Savings, S4=Savings, S2=Checking or S11=Money Market)
<b>Sender Info*</b>	Sender's name and address

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#### Beneficiary Information Section

<b>Beneficiary Info*</b>	Beneficiary's name and address
<b>Account No.*</b>	Beneficiary's account number
<b>Sender to Beneficiary Info</b>	(Optional) Additional message to beneficiary

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#### Beneficiary Financial Institution (FI) Information Section

<b>Beneficiary FI Info*</b>	Beneficiary FI name (full name) and address
<b>Wire ABA No.*</b>	Beneficiary FI wire ABA routing number (9-digit)
<b>Beneficiary FI Info</b>	Additional message to beneficiary FI (Optional)

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#### Intermediary FI Information Section (Optional)

<b>Intermediary FI Info</b>	Intermediary FI name (full name) and address – Required if Intermediary FI used
<b>Wire ABA No.</b>	Intermediary FI wire ABA routing number (9-digit) – Required if Intermediary FI used
<b>Intermediary FI Info</b>	Additional message to intermediary FI (Optional)

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#### Authorization:

Please print name, sign and date **in-person** with Credit Union personnel. Provide a day contact telephone number in case further clarification of the information is required. All requests received via secured messaging are considered authorized by account holder.

#### For Questions and/or Assistance:

Phone: (808) 983-5500 or 1-800-927-3397

E-mail: [memberservices@uhfcu.com](mailto:memberservices@uhfcu.com)