



## Wire Transfer Form Instructions

To ensure smooth and timely processing of your wire transfer, please have the following information completed on the Wire Transfer Request form when placing a wire request:

***Caution: Incorrect information may delay the wire transfer processing***

### Section 1 – Member Information (Remitter Information)

- Member's Name – Your full name.
- MEFCU Account Number & “S” Type – Your account to be charged for the outgoing wire.
- Address – Enter Street, City, State and ZIP Code.
- Best phone number to reach you in the next 48 hours – (Home, Work, Cellular phone, etc.).

### Section 2 – Amount to be wired

- Amount to be wired: \$\_\_\_\_\_.
- Wire fee: please refer to the current Schedule of Account Fees.
- Total debit to account – wire amount plus the wire fee.

### Section 3 – Beneficiary Information

- Beneficiary's Name – The person or party to receive credit or to be paid as a result of the wire transfer.
- Beneficiary's Account Number – The account number of the beneficiary at the receiving Financial Institution.
- Beneficiary's Address – Enter the address of the beneficiary, including Street, City, State and ZIP Code.

### Section 4 – Receiving Financial Institution (FI) Information

- ABA/Routing Number – The American Bankers Association Routing number (must be 9 digits) of the receiving Financial Institution. **Note: *The ABA/routing # on the bottom of a check may not be the ABA/Routing # for receiving a wire transfer. Always verify wiring instructions with the Beneficiary and/or Receiving Financial Institution before completing this section.***
- Financial Institution Name – The Financial Institution where the wire will be sent.
- Financial Institution Address – The address of the receiving Financial Institution.

### Section 5 – Correspondent Financial Institution (FI) Information (*Optional – This section is only required when the beneficiary's Financial Institution cannot receive wires directly.*)

- ABA/Routing Number – The American Bankers Association Routing number (must be 9 digits) of the corresponding Financial Institution.
- Correspondent Financial Institution Name – The Correspondent Financial Institution that acts as the financial agent for the beneficiary's receiving Financial Institution.
- Correspondent Financial Institution Address – The address of the Correspondent Financial Institution.
- Account Number – Your Financial Institution's account number with the Correspondent Financial Institution.

**Member/Joint Member's Signature** – Your signature or the joint owner's signature is **required** to give Marriott Employees' Federal Credit Union authority to transact the outgoing wire transfer.

***PLEASE PRINT. ALL INFORMATION MUST BE COMPLETE AND CORRECT.  
RETURN WIRE TRANSFER REQUEST FORM TO FAX (301) 634-5183.***

**Deadline for outgoing wire transfer is 1:15 p.m. ET (Eastern Time)**

# Marriott Employees' Federal Credit Union Wire Transfer Request Form

ALL INFORMATION MUST BE COMPLETE AND CORRECT. RETURN FORM TO FAX (301) 634-5183.

**Deadline for outgoing wire transfer is 1:15 p.m. ET (Eastern Time)**

We may call back any member who requests a wire for additional verification. Requests received by 1:15 ET will be processed same business day. There may be a delay or the request may be cancelled if the information cannot be verified. Wires received after 1:15 ET, will be processed next business day.

## Member Information:

Member's Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

MEFCU Account #: \_\_\_\_\_ "S" Type: [ ] Savings [ ] Checking [ ] Money Market

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Best Phone Number to reach in the next 48 Hrs. Phone #: \_\_\_\_\_

Amount to be wired: \$ \_\_\_\_\_ Wire Fee: \$ \_\_\_\_\_ Total Debit: \$ \_\_\_\_\_

## Beneficiary Information:

Beneficiary Name(s): \_\_\_\_\_ Beneficiary's Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## Receiving Financial Institution (FI) Information:

Receiving FI ABA #: \_\_\_\_\_ Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

*Please be advised that the American Bankers Association (ABA) Routing & Transit Number shown on your Check or Deposit Slip may **not** be the appropriate number for processing your request. Contact the Receiving Financial Institution and verify this information prior to completing this section.*

## Correspondent Financial Institution (FI) Information: (If Financial Institution is not on-line with the Federal Reserve)

ABA Routing #: \_\_\_\_\_ Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Account # of the Receiving Financial Institution with Correspondent: \_\_\_\_\_

I authorize Marriott Employees' Federal Credit Union to initiate this transfer of funds and to charge my account. I understand and agree that any fees, charges or commission levied by other institutions with respect to this transaction are my responsibility.

\_\_\_\_\_  
Member Signature/ Joint Owner Signature

\_\_\_\_\_  
Date

## FOR CREDIT UNION USE ONLY

*In Person Verification:*

Government Issued Photo Identification Only

ID #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ ID Type: \_\_\_\_\_

Staff Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff Signature: \_\_\_\_\_