



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.).
- Best Email to reach you in the next 48 hours.

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 #: _____

Best Email to reach in the next 48 Hrs.: _____

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: _____