



This form was sent by:

 HEFCU Employee Name
 OR
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OUTGOING WIRE TRANSFER CONFIRMATION

confirmed

Member Name: _____
 Member's Physical Address _____
 (No PO Box Please): _____

A copy of your current driver's license must accompany this form

 DL incl.

HEFCU Account Number: _____

Amount To Be Wired: _____

Telephone Number: _____

WIRE TO:

Institution Name: _____

ABA Number: _____

Name on Account: _____

Institution Account Number: _____

The undersigned HEFCU Member requests payment be made to the member's external account number named above. The undersigned agrees that this Wire Transfer is irrevocable and that the sole obligation of HEFCU is to exercise ordinary care in processing this Wire Transfer and that HEFCU is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

Furthermore, please note, that there may be a non-refundable origination fee (up to \$25) based upon your relationship with HEFCU. Be sure to check with your representative. By signing this form, you acknowledge and agree to be assessed a fee for this transaction.

Member Signature: _____

- The wire transfer should post to the receiving institution within 24 business hours.
- All wire transfer confirmations received after 2:30pm will be initiated the following business day.

**This form must be faxed at the time of each wire transfer to:
 (609) 275-4194**

Call Back Verification (For Internal Use Only):

 Supervisor Signature (if over \$5,000)

Date	Time	Phone Number	Initials	Logged
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