



*This form was sent by:*  
 \_\_\_\_\_  
 HEFCU Employee Name  
 OR  
 Retrieved from web

## 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.

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. Furthermore, if the funds are returned for any reason by the receiving institution, a return wire fee may apply; this fee may vary. 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 _____
------------	------------	--------------------	----------------	--------------