

R-G Federal Credit Union 421 Remington Plaza Court Raymore, MO 64083 (816) 783-5900 • www.rgfcu.com

Fund/Wire Transfer Request

		Member N	No:
	MATION - This document supports consumer opport consumer international transfers that are r	domestic transfers, business domestic transfers, not deemed remittance transfers.	, and business international transfers. This
One-Time Transfe	r Recurring Transfer Subject to Fur	nds/Wire Transfer Agreement	
	ORIGINA	ATOR/PAYER INFORMATION	
Name:			
Address:			
City, State, Zip:			Country Code:
Account No:	Day Phone No:		
Special Payment Instri	uctions:		
,		CIARY/PAYEE INFORMATION	
Name:		***************************************	
Address:			
City, State, Zip:			Country Code:
Account No or IBAN:		Currency Type: ID No:	
Special Identifier of Be	eneficiary: SSN: TIN: _	ID No:	
		E FINANCIAL INSTITUTION INFORMATION	
Name of Financial Inst Address:	itution:		
City, State, Zip: ABA Routing Transit N Special Routing Instru	lo: Swift/BIC Code:	Branch Information:	Country Code:
Special reduing menu		INANCIAL INSTITUTION INFORMATION	
Name of Financial Inst	itution:		
Address:			
City State Zing			Country Code:
ABA Routing Transit N	lo: Swift/BIC Code:	Branch Information:	Country Code:
Special Routing Instru	ctions:		
		AUTHORIZATION	
You may identify the befinancial institutions) minstitution. Fund/wire to a wire transfer is clear	peneficiary/payee or any financial institution by nay rely on the account or other identifying nun ransfers may be governed under Regulation E ed through the Federal Reserve, the transaction	n and debit your account for the amount of the name and by account number or other appropring the provide as the proper identification, ever or Article 4A of the Uniform Commercial Code don will also be governed by Regulation J.	riate identifier. The Credit Union (and other en if it identifies a different party or financial
Account Owner/Authorized	d Person Signature Date		
	CR	REDIT UNION USE ONLY	
Member Confirming R	equest:	ID Used:	
Date/Time of Request:	Amount of Fee	e: \$ Method of Transfer:	
OFAC Verification By:	o: Processed By	:	
Special Instructions:			
Security Method Used	: Date	and Time:	_
Processed By: Callback Details Per	formed By:	Callback E	Phone No:
(if applicable) Sou	urce/Verification of Secure Phone No:		
Member Cancelling Re	equest:	Cancel Date:	
Processed By:			



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IMPORTANT INFORMATION - This document will also support consumer One-Time Transfer Recurrin	international transfers that are		c transfers, and	business international transfers. This
		NATOR/PAYER INFORMATION		
Name:				
Address:				
City, State, Zip: Account No:	Day Phone No:			
	BENEF	FICIARY/PAYEE INFORMATION		
Name:Address:				
City, State, Zip: Account No or IBAN: Special Identifier of Beneficiary: SSN:	TIN:	Currency Type: ID No:		Country Code:
	BENEFICIARY/PAY	EE FINANCIAL INSTITUTION INFORM	MATION	
Name of Financial Institution:Address:				
City, State, Zip: ABA Routing Transit No: Special Routing Instructions:				Country Code:
	INTERMEDIARY	FINANCIAL INSTITUTION INFORMAT	TION	
Address:				
City, State, Zip: ABA Routing Transit No: Special Routing Instructions:		Branch Information:		Country Code:
		AUTHORIZATION		
You may identify the beneficiary/paye financial institutions) may rely on the a institution. Fund/wire transfers may be	e or any financial institution laccount or other identifying no governed under Regulation lederal Reserve, the transact	rein and debit your account for the amount by name and by account number or oth umber you provide as the proper identif E or Article 4A of the Uniform Commercion will also be governed by Regulation	ner appropriate id ication, even if it ital Code depend	dentifier. The Credit Union (and other identifies a different party or financial
II ACCOUNT OWNER/AUTHORIZED PERSON SIGNATURE	Date			

X