



Driver's License

Passport

State ID

Member Name:

Call Back

Data Entry

Security Review

Manager Approval

Data Verification

ID Type:

DOMESTIC WIRE TRANSFER FORM

PLEASE COMPLETE AND RETURN SIGNED FORM TO THE WIRES DEPARTMENT: FAX (914) 627-0163 OR EMAIL WIRES@USALLIANCE.ORG.

Wire transfers must be requested in writing on the current wire transfer form, and must include a clear legible copy of your unexpired government issued photo identification. To ensure the copy is as clear and legible as possible, please enlarge the image. Wire transfer forms that are incomplete, unsigned or illegible will not be accepted. Verify your contact information and available funds prior to sending your wire request. Wire transfers cannot be made directly from a loan account. For verification, we may call back any member who requests a wire transfer. Call backs are made to a phone number of record. Refer to the Credit Union's published fee schedule for the wire transfer fees prior to processing.

Member #:

Identification #:

Attach a clear and legible copy	of your unexpire	ed government-issi	ued photo identification.				
Street Address: (NO P.O. Box)							
City:		State/Province:		Country:			ZIP Code:
Home Phone:				Cell Phone:			
Email Address:				From Deposit Account #:			
Purpose:							
Amount: (in words)				Amount: \$ (in numbers)			
Receiving Financial Institution Name Please DO NOT use acronyms o							
9 Digit ABA # *://	_//_	//	,				
*Please be advised that the American I Please contact the Receiving Financia	Bankers Associatio al Institution and ve	n (ABA) Routing & Trans rify this information pric	sit Number (R&T) shown on your Che or to submitting this form.	eck or Deposit Slip	may not be the appropriate r	number for pr	rocessing your request.
Credit to: (Required recipient full name/account title) Account #:							
Street Address: (NO P.O. Box)				•			
City:		State:					ZIP Code:
Special Instructions:							
Beneficiary: (Further credit) Account #:							
Street Address: (NO P.O. Box)							
City:		State:					ZIP Code:
		DISCLOSURE II	NFORMATION FOR DOMESTIC W	/IRE FUNDS TRAI	NSFERS		
The Credit Union generally use System has adopted Regulation whether Fedwire was used, in	n J governing a	II Fedwire transact	ions and by requesting a wire				
The Credit Union will accept ar Once placed, you cannot cance for failure to process your requiservice and, if applicable, interest.	el or modify you lest when the fa	ir wire transfer requalities is due to circ	uest. By requesting a wire tra umstances beyond its contro	ansfer from you ol. In any event,	ır account, you agree th the Credit Union's liab	nat the Cre	edit Union is not liable
Under Regulation J and related institutions to the account num						titution an	nd any intermediary
		I HAVE R	EAD AND AGREE TO THE FOREG	OING CONDITION	ıs		
Member Signature:							Date:
		All wir	re transfers are subject to revie	w and approval.			
			FOR CREDIT UNION USE 0				
Transfer instructions provided:	In Person	Remotely	Remote requests authen	ticated by:	OLB transactions	ATM In	quiries/Withdrawals

Phone number:

Signature:

Signature:

Signature:

Signature:

Date & Time:

Printed:

Printed:

Printed:

Printed: