



Post Office Box 2239 • Panama City, FL 32402
(850) 785-6103 • www.baycu.com



Fund/Wire Transfer Request

IMPORTANT INFORMATION - This document supports consumer domestic transfers, business domestic transfers, and business international transfers. This document will also support consumer international transfers that are not deemed remittance transfers.

☐ International ☐ Domestic

SENDER/PAYER INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Phone No: _____
Account No: _____ Account Suffix: _____
USD Transfer Amount: \$ _____
Purpose / Relationship: _____

RECIPIENT/PAYEE INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Country: _____
Account No. or IBAN: _____

INTERMEDIARY FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____
Address: _____
City, State, Zip: _____
ABA Routing/Transit No: _____
Swift/Sort Code: _____
Special Routing Instructions: _____

RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____
Address: _____
City, State, Zip: _____
ABA Routing/Transit No: _____
Swift/Sort Code: _____
Special Routing Instructions: _____

INTERNATIONAL INFORMATION

USD Amount: _____
Rate: _____ Base Currency: _____
Foreign Amount: _____

Member No:

You may identify the payee or any financial institution by name and by account number or other appropriate identifier. The Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. Fund/wire transfers may be governed under Regulation E or the Uniform Commercial Code (UCC), Article 4A, dependent upon the nature of the transaction. If a wire transfer is cleared through the Federal Reserve, the transaction will also be governed by Regulation J.

ACCOUNT OWNER/AUTHORIZED PERSON SIGNATURE

DATE

X

INTERNAL USE ONLY

Date and Time of Request: _____
Amount of Fee: \$ _____
Identification Used: _____
OFAC Verification By: _____
For Callbacks (if applicable):
Employee Performing Callback: _____
Phone No. Used for Callback: _____
Source/Verification of Secure Telephone No: _____

