



OUTGOING WIRE INSTRUCTIONS

In Person Request

- This form may be completed prior to visiting a branch, but please do not sign the form until requested by one of our representatives.
- Authorized signer must bring government issued identification such as unexpired driver's license, state ID card or U.S. Passport.

Fax/Mail/Not in Person Request

- Wire must be for deposit to account holder (title/escrow can show account holder in instructions for final credit).
- Please include a clear copy of government issued identification such as unexpired driver's license, state ID card or U.S. Passport.
- Fax to: (424) 275-4381 or mail to address below. We will accept email; however, please understand that email is not a secure form of transmission and at your own risk.
- We may have to contact you prior to the wire being sent, please provide a call back number.

Wires must be received by 12:30 PM PST to be processed same day.

SECTION 1	MEMBER INFO (originator)	WIRE DATE	WIRE AMOUNT	WIRE TYPE (CHECK ONE) <input type="checkbox"/> Domestic <input type="checkbox"/> International
	NAME (MEMBER / JOINT / AUTHORIZED SIGNER)	CREDIT UNION ACCOUNT NUMBER		ACCOUNT SUFFIX or TYPE <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other _____
	ADDRESS (MUST MATCH ACCOUNT)	CITY / STATE / ZIP		DAYTIME PHONE (MUST MATCH ACCOUNT)

SECTION 2	DESTINATION (Receiving) BANK INFORMATION			
	BANK NAME		ROUTING (ABA) NUMBER (DOMESTIC) or SWIFT CODE (INTERNATIONAL) or IBAN (EUROPE)	
	BANK STREET ADDRESS (MUST BE PHYSICAL BRANCH ADDRESS)		CITY / STATE / ZIP	COUNTRY
SPECIAL INSTRUCTIONS		PURPOSE OF FUNDS		

SECTION 3	BENEFICIARY'S (RECIPIENT'S) INFORMATION			
	BENEFICIARY'S NAME (AS IT APPEARS ON THE ACCOUNT)		BENEFICIARY'S ACCOUNT NUMBER	
	STREET ADDRESS (MUST BE PHYSICAL ADDRESS)		CITY / STATE / ZIP	COUNTRY
SPECIAL INSTRUCTIONS		PURPOSE OF FUNDS		

SECTION 4	INTERMEDIARY BANK INFORMATION (if applicable)			
	BANK NAME		ROUTING (ABA) NUMBER (DOMESTIC) or SWIFT CODE (INTERNATIONAL) or IBAN (EUROPE)	
	BANK STREET ADDRESS (MUST BE PHYSICAL ADDRESS)		CITY / STATE / ZIP	COUNTRY

AUTHORIZATION	I authorize South Bay Credit Union to transfer funds as shown on this wire request form. I am responsible for the accuracy of the above information. The Credit Union will send the funds as instructed and confirmation of receipt from the recipient is not required. I understand that the fee will be charged prior to the wire being sent (See schedule of fees). Once this wire is ordered, there is no right to cancel or amend the wire request (although we may try at your request, we can assume no liability). The Credit Union will not assume any liability in regard to the recipient or destinations bank(s).		
	SIGNATURE (MEMBER / JOINT OWNER / AUTHORIZED SIGNER) X		TODAY'S DATE

CU STAFF	RECEIVED BY MSR SIGNATURE TID _____	DATE / TIME ACCEPTED	WIRE REQUEST RECEIVED <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Fax/Mail	MEMBER IDENTIFICATION VERIFIED <input type="checkbox"/> D <input type="checkbox"/> Sig Card <input type="checkbox"/> Gov't ID <input type="checkbox"/> Acct Details
	CALLBACK VERIFY BY MSR SIGNATURE TID _____	DATE/TIME CALLBACK	APPROVED BY (PRINT NAME) <small>2ndary if >\$2,500, Exec Mgt if >25,000</small>	APPROVED BY (SIGNATURE)
	WIRE SENT BY TID _____	WIRE VERIFIED BY TID _____	WIRE DATE/TIME	WIRE REFERENCE #