



GEICO FEDERAL CREDIT UNION
 One Geico Plaza, Washington, DC 20076
 (800) 542-7896 FAX (301) 718-5318

WIRE TRANSFER REQUEST

Directions: The **correctly completed** request must be **received by 12:00 noon EST** to be processed on the same business day. A request received after 12:00 noon EST may be processed on the same business day or the next business day at the discretion of the credit union.

Section A - Member Information

Requested by: <input type="checkbox"/> Primary Member <input type="checkbox"/> Joint Owner	Today's Date _____
Name (Please Print) _____	Day Time Phone # _____
Address (No PO Boxes) _____	Cell # _____
City _____ State _____ Zip _____	E-Mail Address _____
Wire Amount \$ _____ Fee \$ <u>25.00</u> Please write out the dollar amount of the wire. _____ (Example: Wire \$300.25 Written Amount: Three Hundred Dollars 25/100)	Charge Wire & Fee to: Account # _____ Checking # _____ Savings # _____

Section B - Receiving Institution

To: Financial Institution Receiving Wire (Must be Domestic) Name: _____ Address: _____	Routing & Transit # of Receiving Financial Institution (Must be 9 digits) _____
(If Applicable) Further Credit To: Financial Institution or Company Name: _____ Address: _____	Routing & Transit # (9 digits) of Correspondent Institution OR Account # _____
Final Credit To (Beneficiary Information): To the Account of _____ Address (No PO Boxes) _____ City _____ State _____ Zip _____ Reference (If Applicable): _____	Beneficiary's Account # _____ Financial Institution's Phone # _____

We recommend that you DO NOT copy the ABA Routing number from the bottom of a check. Yes to confirm

Credit Union Indemnity

I authorize GEICO Federal Credit Union to initiate this transfer of funds and to charge my account as indicated in Section A and to verify this authorization by a callback security procedure, if applicable. I understand and agree the Credit Union will rely solely on the information provided by me in Section B as proper identification, and that I should NOT copy the information from the bottom of a check but call the receiving institution to ask for wiring instructions. I further understand and agree that if this wire is returned for any reason, the wire fee of \$25.00 assessed by GEICO FCU is non-refundable just as any fees, charges or commissions levied by other institutions with respect to this transaction are my responsibility. I release the credit union, its agents and correspondents from all responsibility, obligation and/or costs associated with other institutions, actions, fees or failure to deliver the funds, whether or not the receiving institution is foreign or domestic.

Member Signature _____

Joint Owner Signature _____

For Branch Use Only:

Employee receiving request & Date _____
 Funds availability verified by _____
 Attach copies of checks deposited within last 3 days & clearing info.
 Address verified by _____
 Signature verified by _____

For Accounting Use Only:

Wire Processed By _____
 Fee Amount \$ _____ Date _____
 OFAC Verification of ALL parties by _____
 Input onto Wire Log by & date _____