



DOMESTIC WIRE TRANSFER REQUEST

DATE: _____

REQUIRED FIELDS

MEMBER INFORMATION: In person _____ Fax _____ Telephone _____ Call back by _____

Member Name: ** _____

Address: ** _____ City** _____ State** _____ Zip: ** _____

Amount of Wire Transfer: \$ _____ Day Air Account #: _____

Amount of Fee: \$ 15.00 _____ USA (\$15.00)

Total Amount to be Debited: \$ _____ Phone #: ** _____

WIRE TRANSFER INSTRUCTIONS: Verify numbers with Members to insure legible and accurate information.

WIRE TO: Financial Institution Name: ** _____
Financial Institution Address: ** _____
City, State, Zip Code: ** _____
Financial Institution ABA/Routing No: ** _____
Financial Institution Phone Number: _____

CREDIT TO: Name or Financial Institution: ** _____
Account Number: ** _____
Address of receiving individual: _____

SIGNATURE AND AUTHORIZATION

I authorize Day Air Credit Union, Inc. to transfer the amount (Total Amount to be Debited) from my designated account based on the Wire Transfer Instructions I have dictated above. I verify all information provided is correct. I understand Day Air Credit Union is not responsible for any monetary loss that I may incur with regard to this wire transfer due to inaccurate information. I further understand wires received after 1pm may be processed on the next business day.

Signature of Member (Verified signature Teller # _____)

**
Date _____

Keyed by: _____ Transmitted by: _____

Time: _____

Manager Approval: _____ Know your member questions: _____

If you have questions, please call: 937-643-2160 or 888-329-2472

You may fax this request to: 937-643-3870. You may also email your question to: mail@dayair.org.



International Wire Transfer Request

DATE: _____

****REQUIRED FIELDS**

MEMBER INFORMATION: In person _____ Fax _____ Telephone _____ Call back by _____

Member Name: ** _____

Address: ** _____ City** _____ State** _____ Zip: ** _____

Amount of Fedwire Transfer: \$ _____ Day Air Account # _____

Amount of Fee: \$ 30.00 _____ International (\$30.00)

Total Amount to be Debited: \$ _____ Phone #: _____

WIRE TRANSFER INSTRUCTIONS: Verify numbers with Members to insure legible and accurate information.

WIRE TO: UNITED STATES BANK
 Financial Institution Name: ** _____
 Financial Institution Address: ** _____
 City, State, Zip Code: ** _____
 Financial Institution ABA/Routing No: ** _____
 Financial Institution Phone Number: _____

WIRE TO: INTERNATIONAL BANK
 Swift Code or ABA #: ** _____
 Name of Financial Institution: ** _____
 Financial Institution Address: ** _____
 City, State, Zip Code: ** _____
 Account number DDA # ** _____

FURTHER CREDIT TO: Name: _____
 Account Number: _____
 Address of receiving individual: _____

MEMBER SIGNATURE AND AUTHORIZATION

I authorize Day Air Credit Union, Inc. to transfer the amount (Total Amount to be Debited) from my designated account based on the Wire Transfer Instructions I have dictated above. I verify all information provided is correct. I understand Day Air Credit Union is not responsible for any monetary loss that I may incur with regard to this wire transfer due to inaccurate information. I further understand wires received after 1pm may be processed on the next business day.

*** _____ ** _____
 Signature of Member (Verified signature Teller # _____) Date

Keyed by: _____ Transmitted by: _____ Time: _____

Manager Approval: _____ Know your member questions: _____

If you have questions, please call: 937-643-2160 or 888-329-2472 You may fax this request to: 937-297-4671. You may also email your question to: mail@dayair.org.



RECURRING DOMESTIC WIRE TRANSFER REQUEST

Date: _____

****REQUIRED FIELDS**

MEMBER INFORMATION: In person _____ Fax _____ Telephone _____ Call back by _____

Member Name: ** _____

Address: ** _____ City** _____ State** _____ Zip: ** _____

Amount of Wire Transfer: \$ _____ Day Air account # _____

Amount of Fee: \$ 15.00 USA (\$15.00) Phone #: ** _____

Total Amount to be Debited: \$ _____ Code Word: _____ Verified by: _____

WIRE TRANSFER INSTRUCTIONS: Verify numbers with Members to insure legible and accurate information.

WIRE TO: Financial Institution Name: ** _____
Financial Institution Address: ** _____
City, State, Zip Code: ** _____
Financial Institution ABA/Routing No: ** _____
Financial Institution Phone Number: _____

CREDIT TO: Name or Financial Institution: ** _____
Account Number: ** _____
Additional Info: _____

FURTHER CREDIT TO: Name: _____
Account Number: _____
Address of receiving individual: _____

MEMBER SIGNATURE AND AUTHORIZATION

I authorize Day Air Credit Union, Inc. to transfer the amount (Total Amount to be Debited) from my designated account based on the Wire Transfer Instructions I have dictated above. This is a recurring wire transfer and I understand that any changes in routing number, account numbers, and addresses will be my responsibility to notify Day Air Credit union, and I hereby certify the above to accurate. I understand that Day Air Credit Union will honor all recurring wire transfer requests via phone to the financial institution above until revoked in writing by myself. I understand Day Air is not responsible for any monetary loss that I may incur with regard to this wire transfer due to inaccurate information. I further understand wires received after 1pm may be processed on the next business day.

Signature of Member (Verified signature Teller # _____)

**
Date _____

Keyed by: _____ Transmitted by: _____

Time: _____

Manager Approval: _____ Know your member questions: _____

If you have questions, please call: 937-643-2160 or 888-329-2472 You may fax this request to: 937-297-4671. You may also email your question to: mail@dayair.org.



RECURRING INTERNATIONAL WIRE TRANSFER REQUEST

Date: _____

****REQUIRED FIELDS**

MEMBER INFORMATION: In person _____ Fax _____ Telephone _____ Call back by _____

Member Name: ** _____

Address: ** _____ City** _____ State** _____ Zip: ** _____

Amount of Fedwire Transfer: \$ _____ Day Air account # _____

Amount of Fee: \$ 30.00 International (\$30.00) Phone #: _____

Total Amount to be Debited: \$ _____ Code Word: _____ Verified by: _____

WIRE TRANSFER INSTRUCTIONS: Verify numbers with Members to insure legible and accurate information.

WIRE TO: UNITED STATES BANK

Financial Institution Name: ** _____

Financial Institution Address: ** _____

City, State, Zip Code: ** _____

Financial Institution ABA/Routing No: ** _____

Financial Institution Phone Number: _____

WIRE TO: INTERNATIONAL BANK

Swift Code or ABA #: ** _____

Name of Financial Institution: ** _____

Financial Institution Address: ** _____

City, State, Zip Code: ** _____

Account number DDA # ** _____

FURTHER CREDIT TO: Name: _____

Account Number: _____

Address of receiving individual: _____

MEMBER SIGNATURE AND AUTHORIZATION

I authorize Day Air Credit Union, Inc. to transfer the amount (Total Amount to be Debited) from my designated account based on the Wire Transfer Instructions I have dictated above. This is a recurring wire transfer and I understand that any changes in routing number, account numbers, and addresses will be my responsibility to notify Day Air Credit union, and I hereby certify the above to accurate. I understand that Day Air Credit Union will honor all recurring wire transfer requests via phone to the financial institution above until revoked in writing by myself. I understand Day Air is not responsible for any monetary loss that I may incur with regard to this wire transfer due to inaccurate information. I further understand wires received after 1pm may be processed on the next business day.

Signature of Member (Verified signature Teller # _____)

**
Date _____

Keyed by: _____ Transmitted by: _____ Time: _____

Manager Approval: _____ Know your member questions: _____

If you have questions, please call: 937-643-2160 or 888-329-2472 You may fax this request to: 937-297-4671. You may also email your question to: mail@dayair.org.