

WIRE TRANSFERS - OUTGOING



Attachment D
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 # _____ Code Word: _____ Verified by: _____

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

Total Amount to be Debited: \$ _____ Purpose of wire: ** _____

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: _____

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 information is 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 wire transfer requests submitted to Day Air Credit Union after 1pm may be processed on the next business day.

Signature of Member ** _____ Date** _____

(Verified signature Teller # _____) 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.*