

Wire Transfer Request DOMESTIC

General Wire Information

Standard Wire Transfer Fees apply. See Fee Schedule. See instructions.

* Information Required

Date*	Wire Amount (\$USD) *	Fee Amount	Account to Debit *	S	Type*
Sender Name*		Sender Address*		Address	
		City*	State*	Zip*	

Beneficiary Information [4200]

Beneficiary Name*	Beneficiary Address
Account No. *	Address
Sender to Beneficiary Info [6000]	City
	State
	Zip

Beneficiary FI Information [4100]

Beneficiary FI Name (Full Name) *	Beneficiary FI Address
Wire ABA No. (9 digit) *	Address
Additional Beneficiary FI Info [6300]	City
	State
	Zip

Intermediary FI Information [4000]

Intermediary FI Name (Full Name)	Intermediary FI Address
Wire ABA No. (9 digit)	Address
Additional Intermediary FI Info [6200]	City
	State
	Zip

Authorization

If your payment order identifies the recipient and any financial institution by name and account or other identifying number, the Credit Union and any other financial institutions facilitating the transfer may rely strictly on the account or other identifying number, even if the number identifies a different person or financial institution.

I hereby certify that the above information is accurate and authorize University of Hawai'i Federal Credit Union to charge my account for the wire and any applicable fees. In addition, I agree to all the terms and conditions and agree to indemnify and hold the Credit Union harmless against all claims, damages, losses, and liability from the processing of this wire.

Authorized Name (Print)	Authorized Signature	Date	Day Contact Telephone
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CREDIT UNION USE ONLY

Received by (Oper/Dt/Time)	Payment	OFAC	Over Limit/Exception Approval
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Instructions

Restrictions for Domestic Wire Transfers:

- Online Banking via Secured Messaging \$5,000 maximum
- Accepted in person at any Credit Union branch \$125,000 maximum
 - For higher limit exceptions, please call (808) 983-5500

* Denotes information required

General Wire Information Section

Date*	Today's Date
Wire Amount*	Amount of U.S. Dollars to be wired
Fee Amount	Wire fee amount
Account to Debit*	Account number to debit wire amount and fee
Type*	Type of account to debit: (Savings, Checking or Money Market)
Sender Info*	Sender's name and address

Beneficiary Information Section

Beneficiary Info*	Beneficiary's name and address
Account No.*	Beneficiary's account number
Sender to Beneficiary Info	(Optional) Additional message to beneficiary

Beneficiary Financial Institution (FI) Information Section

Beneficiary FI Info*	Beneficiary FI name (full name) and address
Wire ABA No.*	Beneficiary FI wire ABA routing number (9-digit)
Beneficiary FI Info	Additional message to beneficiary FI (Optional)

Intermediary FI Information Section (Optional)

Intermediary FI Info	Intermediary FI name (full name) and address – Required if Intermediary FI used
Wire ABA No.	Intermediary FI wire ABA routing number (9-digit) – Required if Intermediary FI used
Intermediary FI Info	Additional message to intermediary FI (Optional)

Authorization:

Please print name, sign and date **in-person** with Credit Union personnel. Provide a day contact telephone number in case further clarification of the information is required. All requests received via secured messaging are considered authorized by account holder.

For Questions and/or Assistance:

Phone: (808) 983-5500

E-mail: memberservices@uhfcu.com