



A DIVISION OF CHICAGO PATROLMEN'S FEDERAL CREDIT UNION



Akron Fire Police Credit Union

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[nationalpolicecu.com](http://nationalpolicecu.com)

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[akfirepolicecu.com](http://akfirepolicecu.com)

## Outgoing Wire Transfer Form

**There is a \$25 fee for wire transfers.**

The cutoff time for outgoing wire transfers is 4 PM Central Time. Any requests received after 4 PM will be processed the next business day.

All lines must be filled in. Anything that does not apply must be marked N/A.

### Originator/Member Data

Name \_\_\_\_\_ Home/ Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_ Member Number \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Dollar Amount \_\_\_\_\_

I request payment to be made to the beneficiary bank for the credit of the person/account number named below. I agree that this wire transfer is irrevocable and that the sole obligation of the institution named above is to exercise ordinary care in processing this wire transfer and that it is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer. If there is a loss resulting from an incorrect account number provided me, the banks processing the wire transfer will not be responsible. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. The Chicago Patrolmen's Federal Credit Union is authorized to transfer funds as described herein and debit my account in the amount transferred, plus applicable charges. Additional fees may be deducted from the transfer amount by other financial institutions involved in the payment process.

Originator/Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's License # \_\_\_\_\_

### Beneficiary Bank Information

Bank Name \_\_\_\_\_ Further Credit (if applicable) to: \_\_\_\_\_ Final Credit (This section must be completed)

City & State \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Bank Phone # \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

Branch \_\_\_\_\_ City & State \_\_\_\_\_ City & State \_\_\_\_\_

ABA/Routing # \_\_\_\_\_ Account # \_\_\_\_\_ Account # \_\_\_\_\_

Purpose: \_\_\_\_\_

Specific Instructions (e.g. checking or savings.) \_\_\_\_\_

**I certify that the above wire instructions have been verbally verified with a known point of contact.**

### For Credit Union Use Only:

Originator	Initial Processor	Final Processor
Signature Verified _____	Date _____	Approval Initials _____
OFAC _____	Time _____	Transaction # _____
Amount & Fee _____	Teller ID# _____	Teller ID# _____
Debited _____		
Teller ID# _____		