

Wire Transfer Request Form
Completed and signed form must be received no later than 1pm MST for same day transfer

Requested by:	In Person		Online Banking	
Wire Amount:		Recurring?	Date of Transfer:	
Sender Informatio	n (All Fields are req	uired)		
Member Name Street Address Home Phone # Email Address		Account # (sp checking/sav City, State, Zi Cell Phone #	ings)	
Recipient Informa Receiving Financia Institution	` •	ng bank information	prior to submitting form)	
Routing # Recipient's Name:	ust be physical addre	ess		
Additional Inform	ation (For Further C	redit, Final Benefic	iary, Escrow Title, etc.)	
understand that On I instructions, and that phone or online. I reincorrect information to transfer funds des listed in the fee sche will take for the fund	Tap Credit Union® will I may be asked questiclease On Tap Credit Un provided on this forneribed herein and debirdule. I acknowledge the to be credited to the a wire is returned to On	l act only on this requions in order to verify Union® from any liabin or by oral confirmat t my account in the anhat On Tap Credit University account after	curate and I authorize this transaction. I est upon my oral confirmation of these my identity if this request is made via lity that may result from incomplete or ion. I authorize On Tap Credit Union® nount transferred plus the applicable fee ion® does not guarantee how long it er a wire is initiated. I further due to incorrect information provided,	
Sender Signature:			Date:	
Source of Funds				
Processed by:	Dai	te of Request:	Time of Request:	