

WESTERN UNION TRANSFER REQUEST FORM

Please print clearly and provide all information on the form.

Date: _____ Time: _____ Received by (Teller): _____

Member Name: _____ Account Number: _____

Phone number you can be reached at: _____ Social Security #: _____
(Number MUST be on file for at least 30 days)

Member Address: _____

Amount of Wire Transfer: \$ _____

City where wire will be picked up: _____

State where wire will be picked up: _____

Beneficiary's Name: _____ OFAC Checked

You authorize the Credit Union to transfer funds as described above and debit your account for the amount transferred plus the outgoing transfer fee of **\$30.00**. Same day NOT guaranteed. The Credit Union does not guarantee the wire transfer will be completed on the same day even if placed before the 2:00 PM deadline. It is extremely important that you verify the accuracy of the information above, as you understand that once the wire is executed the wire cannot be stopped or canceled. You agree that the liability of the Credit Union is waived to the maximum extent allowed by law. If the wire transfer is cleared through the Federal Reserve Bank, the transaction is governed by Regulation J.

I have carefully reviewed all information on this form and agree that it accurately reflects the transaction I desire.

Member Signature: _____ Date: _____

2:00 P.M. DEADLINE
Fax to: 541-610-1965

Recipient MUST provide the following in order to receive the money.

1. **TWO** pieces of identification, at least one with picture.
2. The amount of the wire.
3. The sender is "Catalyst Corporate Federal Credit Union"
4. They may need a "MOD" number; they will need to call us back two hours after the request to receive the number.

For Credit Union Use:

3 **Unique** forms of ID used for verification

1) _____ 2) _____ 3) _____

In Person Phone Request Fax Request Email Request

For Accounting Use:

Sent by: _____ Date/Time: _____

OFAC Checked Fee: \$30.00