



The undersigned originator requests payment to be made to the beneficiary and account number named below. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of OU Federal Credit Union is to exercise ordinary care in processing this wire transfer and that OU Federal Credit Union is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

All shaded fields are required. This form must contain an original signature and be turned into a branch in person during lobby hours or through a secure channel approved by OU Fed. Requests may be subject to additional verification.

Wire Transfer Fee: See Fee Schedule

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Originator Data		Beneficiary Data	
Dollar Amount		ABA Routing #	
Member Name		FI Name	
A/C Number		Beneficiary Name	
Phone #		Beneficiary A/C #	
Originator Street Address		Beneficiary Street Address	
Detailed Purpose of Payment		*For wire transfers using an intermediary FI:	
<i>e.g. Instead of 'Purchase' or 'Travel', specify item being purchased or list travel destinations</i>		Intermediary FI Name	
		Intermediary FI A/C #	
		Intermediary FI Street Address	

Sender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_