



The undersigned originator requests payment to be made to the beneficiary or 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.

The asterisked items are required. This form must be turned into a branch in person during lobby hours and must contain an original signature.

Wire Transfer Fee: See Fee Schedule

Date: _____ * Time: _____

Originator Data

Beneficiary Data

Member's Name: _____ *

ABA Routing #: _____ *

Address: _____ *

F.I. Name: _____ *

_____ *

Beneficiary's Name: _____ *

Phone Number: _____

Beneficiary's A/C #: _____ *

A/C Number: _____ *

Beneficiary's Address: _____ *

Dollar Amount: _____ *

_____ *

Purpose of Payment: _____ *

Final Credit Name: _____

Final Credit Acct#: _____

Sender's Signature: _____ * Date: _____ *

For OUFCU Use Only

Rec'd by: _____

Date: _____

Processed by: _____

Date: _____

Verified by: _____

Date: _____