

WIRE REQUEST FORM



KAMEHAMEHA
FEDERAL CREDIT UNION

1620 N School Street, Suite 116
Honolulu, HI 96817-1849
Phone: (808) 842-9660
Fax: (808) 842-6499
www.kamehamehafcu.org

Member Information			
Request Date:	Time:	Member Number:	Suffix:
Member Name:		Contact Phone Number:	
Address:	City:	State:	Zip Code:
Amount of Wire: \$		+ Wire Fee: \$ Domestic	
Receiving Financial Institution			
OFAC (Initial/ Teller #)	*Name of Financial Institution		
	**Address of Financial Institution		
SDN (Initial/ Teller #)	*ABA Wire Routing Number (9 digits)		
	or SWIFT/BIC for Foreign Wires (alpha/number 8- 14 digits)		
Intermediary Bank (Optional)			
OFAC (Initial/ Teller #)	*Name of Financial Institution		
	**Address of Financial Institution		
SDN (Initial/ Teller #)	*ABA Wire Routing Number (9 digits)		
	or SWIFT/BIC for Foreign Wires (alpha/number 8- 14 digits)		
	Account Number		
Final Credit			
OFAC (Initial/ Teller #)	*Beneficiary Name		Member Non-Member
	Beneficiary Address		
SDN (Initial/ Teller #)	*Beneficiary Account Number		
	IBAN (European Country)		
	Additional Information		

* Mandatory Field ** Mandatory Field for Foreign Financial Institutions

You may identify the payee or any financial institution by name and by account number or other appropriate identifier. The Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. Fund/wire transfers may be governed under Regulation E or the Uniform Commercial Code (UCC), Article 4A, dependent upon the nature of the transaction. If a wire transfer is cleared through the Federal Reserve, the transaction will also be governed by Regulation J.

I hereby certify that the above information is correct and authorize Kamehameha Federal Credit Union to transfer my funds by wire. I understand that my account as indicated above will be debited for the amount of the wire plus any applicable fees. I agree to hold Kamehameha Federal Credit Union harmless against all claims, damages, losses, and liabilities, including all expenses which arise from the processing of this wire. All wire requests received after 10:00am will be processed the next business day.

Signature: _____ Date: _____

For Credit Union Use Only			
Instructions Accepted By:	Date:	Time:	Notes:
Authorized By:	Date:	Time:	Notes:
Posted By:	Date:	Time:	Notes:
Sent to Accounting:	Date:	Time:	Notes: