



**SHAREFAX CREDIT UNION, INC.**

**Procedure to Wire Funds**

**\*CUT OFF TIME 3:30PM\***

**1. Our Members Name**

\_\_\_\_\_

Members Full Name

\_\_\_\_\_

Members Address                      City                      State                      Zip

\_\_\_\_\_

Acct #                                      Phone #                                      SS#

**2. Where Money is to be Wired**

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

\_\_\_\_\_

Bank Name                                      Bank Address City & State

\_\_\_\_\_

Bank ABA/Routing #                                      Bank Telephone #

**3. Name and Account # of Person for Final Credit**

\_\_\_\_\_

Name of Receiver                                      Account # at Bank

\_\_\_\_\_

Receiver Address                      City                      State                      Zip

**4. Reason for the Wire: \_\_\_\_\_**

**5. Amount to be Wired**    \$ \_\_\_\_\_

**WIRE FEE: \$30.00**

**Member Signature** \_\_\_\_\_

**Teller Signature** \_\_\_\_\_

**Was this a cash deposit? Y/N** \$ \_\_\_\_\_

**Date** \_\_\_\_\_                      **Time** \_\_\_\_\_

**\*Notice to member: If there is an error in the name, account number, or routing number of the final beneficiary, member may be liable to the credit union for any losses caused by the error.**

**\*\*If your payment order identifies an intermediate financial institution, beneficiary financial institution, or beneficiary by name and number, we and every receiving or beneficiary financial institution may rely upon the identifying number rather than the name to make payment, even if the number identifies an intermediate financial institution, person or account different than the financial institution or beneficiary identified by name. Neither we nor any receiving or beneficiary financial institution have any responsibility to determine whether the name and identifying number refer to the same financial institution or person.**

**Sharefax Employee Must Complete for Fax or Telephone Requests:**

**Wire Requests Received via Fax or Telephone – Only Accepted for Members Living Outside the Greater Cincinnati area**

\_\_\_\_\_ Received signed wire transfer request form via fax or email (cannot accept "per phone")

\_\_\_\_\_ Verified the signature on the wire form matches the signature on Advantage and the membership card

\_\_\_\_\_ Called back to the telephone number on our system to verify the wire request

\_\_\_\_\_ Required Member to provide correct social security number and birth date

\_\_\_\_\_ Required Member to provide correct driver's license number

\_\_\_\_\_ Required Member to provide the last three monetary transactions on their history

**Out-of wallet questions (Must ask three)**

\_\_\_\_\_ Do you have direct deposit, if so from where and what amount

\_\_\_\_\_ Do you have an email address

\_\_\_\_\_ Do you have a joint owner

\_\_\_\_\_ Do you have any ACH withdrawals, if so from who

\_\_\_\_\_ Do you have a checking account, if so what is your check sequence