Funds / Wire Transfer Request

caro
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SENDER / PAYER INFORMATION

Name: _____ Account Number: _____

Address: _____ Transfer Amount: _____

City: _____ State: _____ Zip: _____

Special Payment Instructions From Sender: _____

_____

RECIPIENT / PAYEE INFORMATION

Name: _____ Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Special Identifier of Recipient (i.e. SSN, TIN, DL#): _____

_____

RECIPIENT / PAYEE FINANCIAL INSTITUTION INFORMATION

Financial Institution: _____ ABA Routing Number: _____

Address: _____ Branch Information: _____

City: _____ State: _____ Zip: _____

Special Routing Instructions: _____

_____

Day Phone Number: _____

You may identify the payee or any financial institution by name and by account number (or ABA routing number). 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. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges.

Account Owner Signature: _____

This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.

Mail or deliver to:
4480 Rosewood Dr • Columbia, SC 29209 | 710 Pulaski Street • Columbia, SC 29209
803.227.5555 • www.smartcaro.org

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IN-OFFICE USE ONLY

Date and Time of Request: _____ Method of Transfer: _____

Amount of Fee: _____ Transaction/Control Number: _____

Identification Used: _____ Processed By: _____

Special Routing Instructions: _____

_____

OFAC Completed On: _____

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