



Wire Transfer Request Form

Completed and signed form must be received no later than 1pm MST for same day transfer

Requested by: In Person Fax Mail Phone Online Banking

Wire Amount: _____ Recurring? _____ Date of Transfer: _____

Sender Information (All Fields are required)

Member Name	_____	Account # (specify checking/savings)	_____
Street Address	_____	City, State, Zip	_____
Home Phone #	_____	Cell Phone #	_____
Email Address	_____		

Recipient Information (Verify receiving bank information prior to submitting form)

Receiving Financial Institution	_____		
Routing #	_____	Account #	_____
Recipient's Name:	_____		
Street Address (must be physical address)	_____		
City, State, Zip	_____		

Additional Information (For Further Credit, Final Beneficiary, Escrow Title, etc.)

I certify that the information provided on this form is true and accurate and I authorize this transaction. I understand that On Tap Credit Union™ will act only on this request upon my oral confirmation of these instructions, and that I may be asked questions in order to verify my identity if this request is made via phone or online. I release On Tap Credit Union™ from any liability that may result from incomplete or incorrect information provided on this form or by oral confirmation. I authorize On Tap Credit Union™ to transfer funds described herein and debit my account in the amount transferred plus the applicable fee listed in the fee schedule. I acknowledge that On Tap Credit Union™ does not guarantee how long it will take for the funds to be credited to the receiving account after a wire is initiated. I further acknowledge that if a wire is returned to On Tap Credit Union™ due to incorrect information provided, the wire fee will not be reimbursed.

Sender Signature: _____ Date: _____

Processed by: _____

Date of Request: _____

Time of Request: _____