



Baptist Health
FEDERAL CREDIT UNION

\$20.00 for Domestic Wire Transfers

\$35.00 for most International Wire Transfers

DOMESTIC OUTGOING WIRE TRANSFER REQUEST

By signing below, I authorize BHSFCU (Credit Union) to initiate the wire transfer. By authorizing this wire, I understand and agree to all the conditions listed below:

- The instructions, which I have provided, are correct, and I am responsible for any errors resulting from incorrect/inaccurate information provided. I hereby release the Credit Union from all liability from any loss unless the loss arises out of the Credit Union's failure to act in accordance with the instructions provided in the Wire Transfer Request.
- The Credit Union has no influence or responsibility for fees or surcharges charged by other institutions involved in the transfer of funds.
- Wire transfer requests received after 4:00pm EST or on a day the Federal Reserve Bank is not open for business, will be processed on the following business day.

Credit Union Account Information				
Name		Signature		Amount of Wire \$
Account Number	Home Number		Work Number	Mobile Number
Address*			City	State ZIP
Purpose of the Wire:				

Beneficiary Account Information			
Name		Account Number	
Address*		City	State ZIP
Account Type or Reference			

Beneficiary Financial Institution			
Name		ABA / Routing Number	Account Type or Reference
Address*		City	State ZIP

Intermediary Financial Institution			
Name		ABA / Routing Number	Account Type or Reference
Address*		City	State ZIP

***NO PO BOXES ALLOWED. The US Patriot Act requires physical addresses for all parties involved.**

(FOR CREDIT UNION USE ONLY)

Requested Method: ☐ In-Person ☐ Fax ☐ Secure e-mail ☐ Mail

Verification Method: _____

MSR: Initials: _____ Date: _____ Time: _____

Setup: Initials: _____ Date: _____ Time: _____

Confirmation: Initials: _____ Date: _____ Time: _____