

**Santa Barbara County FCU**  
**2623 De La Vina St, Santa Barbara, CA 93105**  
**Wire Transfer Form**

Account # \_\_\_\_\_ Wire Amount \$ \_\_\_\_\_ Fees \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**SENDER INFORMATION**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
(Include Street Address, City, State, Zip Code)

**BENEFICIARY BANK**

Bank Name: \_\_\_\_\_ Short Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Routing #: \_\_\_\_\_

**BENEFICIARY INFORMATION**

Name: \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
(Include Street Address, City, State, Zip Code)  
Instructions: \_\_\_\_\_  
\_\_\_\_\_

**INTERMEDIARY BANK**

Bank Name: \_\_\_\_\_ Short Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
(Include Street Address, City, State, Zip Code)  
Routing #: \_\_\_\_\_

The undersigned originator requests payment to be made to the beneficiary or account number named above. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of the institution named above is to exercise care in processing this wire transfer and that it is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

\*\*\*Wire requests must be received by 1:30 pm to be processed the same day. Wire requests received after 1:30 pm will be processed the next business day.\*\*\*

Senders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL USE**

**DATE**

**TIME**

Wire Received By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFAC Check By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wire Set Up By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wire Verified By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Call Back By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_