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

Account # _____ **Wire Amount $** _____ **Fee $** _____ **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	***EMPLOYEE***	***DATE***	***TIME***
Wire Received By:			
OFAC Check By:			
Wire Set Up By:			
Wire Verified By:			
Call Back By:			
Wire Posted to Member Acct			
Fee Charged to Member Acct			