



Patent and Trademark Office Federal Credit Union

WIRE TRANSFER PAYMENT AUTHORIZATION

The sender listed below request payment to be made to the beneficiary and account number named below. It shall be the sole responsibility of the sender to provide accurate information regarding the beneficiary. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of the Credit Union is to exercise ordinary care in processing this wire transfer and that the Credit Union is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer. Wire received after 2:00 p.m. will be processed the following business day.

SENDER INFORMATION			
Sender's Name:		Account Number:	
Address:		Wire Amount:	Fee Amount:
City:	State:	Deduct From (check one)	
Daytime Phone:		Checking: <input type="checkbox"/> Savings: <input type="checkbox"/>	Deduct From (check one)
		Checking: <input type="checkbox"/> Savings: <input type="checkbox"/>	Checking: <input type="checkbox"/> Savings: <input type="checkbox"/>
TRANSFER INFORMATION			
RECEIVING BANK		FURTHER CREDIT	
Bank Name:		Bank Name:	
ABA/Swift Code:		ABA/Swift Code:	
Address:		Address:	
City:	State:	City:	State:
Telephone Number:		Telephone Number:	
FURTHER CREDIT		FINAL CREDIT	
Bank Name:		Beneficiary Name:	
ABA/Swift Code:		Account Number:	
Address:		Address:	
City:	State:	City:	State:
Telephone Number:		Telephone Number:	

- Phone requests are limited to a maximum of \$10,000 and no third party transfers.

Sender's Signature: _____ Date: _____ Time: _____

Member Service Use:

Password Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No – record reason _____ ID Verification – Type & Number: _____ Received & Verified by: _____ Date & Time Received _____ Time Sent to Wire Dept: _____

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