

Wire Transfer Request Form

For same day transfers, completed and signed wire forms must be received by:

ESTIC Wires – 1:00pm MDT

INTERNATIONAL Wires – 12:00pm MDT DOMESTIC Wires – 1:00pm MDT

TYPE OF WIRE REQUESTED: Domestic: International:	
Requested Received: Via In Person	Via Online Banking
Wire Amount: F	Recurring? Date of Transfer:
Remitter Information (All fields are requir	red)
Account Number:	
Street Address: City: Email:	State: Zip: Daytime Phone:
Beneficiary Information (Verify receiving	bank information prior to submitting form)
Beneficiary Name(s): Account Number or IBAN: Street Address:	
City:Email:	State: Zip:
Additional Instructions or Reference In	formation
	ceiving bank information prior to submitting form)
City: Beneficiary Bank Identifier-Required (Check CID number:	State: Zip: Zip: Zip:
Intermediary Bank Identifier-Optional (Check ID number:	CMICT
understand that On Tap Credit Union® will act instructions, and that I may be asked questions online banking. I release On Tap Credit Union incorrect information provided on this form or to transfer funds described herein and debit me fee indicated on the fee schedule. I acknowled long it will take for the funds to be credited to	form is true and accurate and I authorize this transaction. I et only on this request upon my oral confirmation of these is in order to verify my identity if this request is made via n® from any liability that may result from incomplete or by oral confirmation. I authorize On Tap Credit Union® y account in the amount transferred plus the applicable lige that On Tap Credit Union® does not guarantee how the receiving account after a wire is initiated. I further Tap Credit Union® due to incorrect information provided,
Sender Signature:	Date: