



Outgoing Wire Transfer Form

International Wire Services are available until 12:00 p.m. each business day. Domestic Wire Services are available until 2:00 p.m. each business day. Wires after these times will be processed the following business day.

Date: _____ Employee Initials: _____ Amount of Wire Transfer: _____

Sender's (Originator) Name: _____ Phone: _____

Driver's License Number: _____ Issuing State: _____

Climb Credit Union Account Number: _____ Account Type: _____

Address: _____ City: _____ State: _____ Zip: _____

(Cannot be a P.O. Box)

Fee: _____

Receiving Institutions

1st Credit

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Routing (ABA) Number: _____ Swift Code (if international): _____

Branch Location (if applicable): _____

2nd Credit (Required for International Wires)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Routing (ABA) Number: _____ Swift Code (if international): _____

Branch Location (if applicable): _____

Final Credit

Beneficiary Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

(Cannot be a P.O. Box)

Reason for Wire: _____

You may identify the payee or any financial institution by name and by account number (or ABA routing number). The Credit Union (and other institution) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges.

Member Signature: _____ Date: _____

Notary (Required for wires of \$10,000 or more. Waived if wire in initiated in branch or a HELOC funding.)

State of Colorado, County of _____

Subscribed and sworn to be this _____ day of _____, _____

By: _____

For Internal Use by Climb Credit Union

Member Callback Verification Date: _____ Time: _____ Employee Initials: _____

Accounting Date: _____ Time: _____ Sequence Number: _____