



550 Salem Street • Chico, California 95928
(530) 895-1947 tel. • (530) 895-3411 fax
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DOMESTIC / INTERNATIONAL WIRE TRANSFER

Date: _____ Member Account: _____ - _____ Shares
Member Name: _____ Daytime Telephone: _____
Social Security: _____ - _____ Date of Birth: _____
Street Address: _____ City/State/Zip: _____

DOMESTIC WIRE INFORMATION (if applicable) Please print clearly

US Currency Wired: \$ _____
Bank Name: _____ ABA: _____
Bank Address: _____ City/State/Zip: _____
Intermediary Bank Name: _____
Intermediary Bank Info: _____
Beneficiary Name: _____
Beneficiary Account: _____ Misc. Wire Info: _____
Beneficiary Address: _____ City/State/Zip: _____

INTERNATIONAL WIRE INFORMATION (if applicable) please print clearly

US Currency Amount Wired: _____
Foreign Currency Description: _____ Equivalent Foreign
Bank Name: _____ Wire Amount: _____
Bank Address: _____ City/Province/Country: _____
Postal Code: _____ Bank Code: _____
Swift Number/BIC Number: _____ Beneficiary
Beneficiary Name: _____ Account/IBAN #: _____
Beneficiary Address: _____ City/State/Zip: _____

I understand that STAR Community Credit Union (STAR CCU) is acting strictly as an agent and will act only on the instructions that I have provided. In the event that the information provided is incomplete or incorrect, I release STAR CCU from any liability that may result. The payee or any Financial Institution (FI) may be identified by name and/or account number (or ABA #). STAR CCU (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. Regulation J governs a wire transfer cleared through the Federal Reserve. I authorize STAR CCU to transfer funds as described herein and debit my account in the amount transferred, plus applicable charges. Wire Transfers are scheduled to be processed prior to 12:30 pm. Any wire transfer request received after 12:30 pm will be processed the following business day prior to 12:30 pm.

Member Signature: _____ Date: _____

Member Signature Verified by _____ ID Used - Type, ID #, Expiration _____

OFAC Verified by: Employee Name _____ on Date _____

WESCORP Completed by _____ Date _____

Transactions over \$2500.00 Verification Employee Initials: _____ Date _____