

NLRB Federal Credit Union
1099 14th St. NW, Suite C-300
Washington DC 20005
P. 202-273-4300 F. 202-273-4480

WIRE TRANSFER REQUEST

Date: _____ Time: _____ AM/PM Account #: _____

Name: _____

Request made:

- In Person
 By Telephone

CU Employee

I authorize the **NLRB Federal Credit Union** to execute the following wire transfer:

Amount to be wired: \$ _____

TO: (Receiving Financial Institution) (F/I)

F/I Name: _____ ABA#: _____

City/State: _____

FOR CREDIT TO: (Beneficiary Information)

Account Name: _____ Account #: _____

Special Instructions: _____

I acknowledge that:

1. Any wire request received after 2:00pm will not be processed until the following business day provided the funds are available at that time.
2. NLRB FCU cannot guarantee that the receiving institution will actually receive and/or act upon this wire transfer in a timely manner.
3. NLRB FCU cannot guarantee special instructions will be followed by the receiving financial institution.
4. NLRB FCU is authorized to debit my account for the amount of this wire transfer and any fees and expenses incurred in connection with the execution of this request.
5. The above information is correct and complete.

Member Signature

Daytime Phone #