



494 Route 38 East
 Maple Shade, NJ 08052
 856-486-3250 / 800-257-5354
 www.campbellcu.org

WIRE TRANSFER REQUEST FORM

ACCOUNT # _____

Sender/Payer Information	
Complete Name (first, middle & last):	
Complete Street Address (no PO Box):	
City, State, ZIP Code & Country:	
Email Address:	
Daytime Phone #:	
Amount of Wire:	Date of Birth:
Purpose of the Wire:	

Please note that all of the above information MUST match our records.

Recipient/Payee Information		
Complete Name (first, middle & last):		
Complete Street Address (no PO Box):		
City, State, ZIP Code & Country:		
Email Address:		
Account #:	Date of Birth:	
If International Wire, please select method of currency conversion:		
US Funds to US Funds _____	Fixed US Funds to Foreign Currency _____	US Funds to Fixed Foreign Currency _____

Financial Institution Information	
Full Name of Bank:	
Complete Street Address:	
City, State, ZIP Code & Country:	
Any Additional Branch Information:	
ABA/Routing # or BIC (Bank Identifier Code) or Swift Code or IBAN (International Bank Account Number):	
Special Instructions or FFC (For Further Credit):	

If you have any additional documents, such as an email or fax, please attach to this form. This form must be completed in its entirety. Any missing information could delay the processing of your 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 institutions) may rely on the member or other identifying number as the proper identification, even if it identifies a differently 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. **You understand that once a wire is processed, it cannot be cancelled.**

_____	_____
Signature	Date

Cut-off time to process a wire is 4:00pm.

INTERNAL USE ONLY	
DATE AND TIME OF REQUEST: _____	
AMOUNT OF FEE: _____	
PROCESSED BY: _____	