

PTOFCU WIRE TRANSFER REQUEST *and* DISCLOSURE AGREEMENT DOMESTIC and INTERNATIONAL

Please print clearly. Sections 1-5 must be fully completed to be processed.

SECTION ONE –PTOFCU MEMBER INFORMATION

Date	Amount to transfer	Account number	Suffix
Primary Name (Last Name, First Name, Middle Initial)			
Address		City, State, Zip Code	
Daytime Phone	Cell Phone	E-Mail Address	

SECTION TWO- BENEFICIARY FINANCIAL INSTITUTION

Financial Institution Name	9 Digit ABA Routing Transit Number
Address	City, State, Zip Code
SWIFT CODE (International Wires Only)	BRANCH CODE (International Wires Only)
IBAN NUMBER	

SECTION THREE -CREDIT TO

Account Name	Account Number
Address	City, State Zip

SECTION FOUR -FOR FURTHER CREDIT TO (Third Party/Investments/Final Credit)

Account Name	Account Number
Address	City, State Zip

Special Instructions Or Additional Information

SECTION FIVE -SIGNATURE

Wire Transfer requests must be received and verified by **12:30 p.m.** to be processed the same day. A \$20.00 processing fee for domestic wire transfers and a \$40.00 processing fee for foreign wire transfers will be applied. Patent & Trademark Office Federal Credit Union has no control over how long a domestic or international wire transfer will take to be received by the receiving bank.

I have read and agree to the terms identified in the Patent & Trademark Office Federal Credit Union Wire Transfer Disclosure Agreement and hereby authorize Patent & Trademark Office Federal Credit Union to charge my account for the wire transfer requested above. I understand additional fees may be deducted from my wire transfer by other institution(s) upon posting final credit. Patent & Trademark Office Federal Credit Union shall not be held liable for such charges.

Member/Joint Owner Signature	Date
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Please mail or return to a credit union representative. Thank you.

501 Dulany Street, 1st Floor, Alexandria, VA 22314 Phone: 571-272-0350. Fax: 571-273-0190. www.ptofcu.org

For Credit Union Use Only

Processing Staff Initials	Date & Time Received	Valid Picture ID # _____or if FAXED, Signature verified with signature card: Yes <input type="checkbox"/> No <input type="checkbox"/>
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