



4020 E. Fifth Ave. Columbus, OH 43219  
Phone: (614) 237-3200  
Fax: (614) 237-3210  
Email: info@odjfscu.com

## WIRE TRANSFER REQUEST

Please complete the following information. Unless specified, all fields are required.

Member/Originator Name: \_\_\_\_\_

Member/Originator Address \_\_\_\_\_

Transfer From:  Savings  Checking Account # \_\_\_\_\_

Transfer Amount: \$ \_\_\_\_\_ Reason for Wire \_\_\_\_\_

Transfer To:  Savings  Checking

Bank Name: \_\_\_\_\_

Routing Number \_\_\_\_\_

**Check with your Financial Institution Prior to Completing this Box**

**Further Credit To:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

Final Beneficiary (Exact Name on Account): \_\_\_\_\_

Account Number \_\_\_\_\_

Additional Info/Notes:  
\_\_\_\_\_  
\_\_\_\_\_

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

By signing above, I hereby authorize ODJFS Federal Credit Union to electronically transfer funds as specified above. I understand that there is a non-refundable \$15.00 fee for this service. I further understand that ODJFS Federal Credit Union assumes the above information provided to me to be correct, and I accept that inaccurate information may result in a failure to complete the transfer request. ODJFS Federal Credit Union follows a callback verification procedure using a home or business phone number on file at the credit union, to verify the authenticity of the payment order. If I do not comply with the security procedure or if the credit union is unable to perform its call back verification, the credit union will have no obligation to accept any payment order from me or other authorized parties on the account until the credit union and I agree in writing on an alternate security procedure.

**\*Call Back Verification (For Credit Union Use Only)**

Name of person contacted: \_\_\_\_\_

Phone #: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

Other: \_\_\_\_\_