



4020 E. Fifth Ave.
Columbus, OH 43219

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 \$20.00 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 #: _____

Date and Time: _____

Other Information: _____

Security Question: _____

Security Question Answer: _____