

# WIRE TRANSFER REQUEST

- **Deadline:** For all wires a completed form & copy of valid photo ID must be received by **1:00pm Mon. to FRI.** for same day processing.
- **Wires over \$25,000:** Must be authorized in person at a LAFCU branch.
- **Fees:** Refer to LAFCU "Rates & Fees" brochure or [www.lafcu.org](http://www.lafcu.org)
- **For Timely Processing:** Complete all appropriate information in this request.

WIRE AMOUNT \$ 7,500<sup>00</sup> WIRE TRANSFER FEE: \$ 25.-  DOMESTIC  INTERNATIONAL

## RECEIVING FINANCIAL INSTITUTION'S INFORMATION

Financial Institution: PHILIPPINE NATIONAL BANK ID #: PNBMPHMM  
(Domestic: ABA # or 9-Digit Routing # • International: SWIFT Code)  
Street Address: CENTRO I City: ORANI  
State: BATAAN Zip Code: 2112 Country: PHILIPPINES Phone # (047) 431-1378

## RECIPIENT INFORMATION (entity receiving funds)

Name: CORAZON B. ROMAN Account #: 1994 768 00015  
Street Address: 016 BAYAN City: ORANI  
State: BATAAN Zip Code: 2112 Country: PHILIPPINES Phone # (047) 431-7804

Additional Information: \_\_\_\_\_  
(For Escrow/Title Co., please provide escrow/title number)

## SECONDARY BANK INFORMATION (complete if necessary for "3rd party" wire)

Financial Institution: \_\_\_\_\_ Account #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

## ORIGINATOR INFORMATION (MEMBER SENDING FUNDS)

Member Name: DANNY R. DOMINGO Account #: 548897  
Withdrawal from:  Checking  Savings  \_\_\_\_\_ Valid Photo ID# C6348566 Exp. Date: 09/27/12  
Street Address: 3115 SAN FRANCISCO AVE City: LONG BEACH  
State: CA Zip Code: 90806 Country: USA Phone # (562) 595-6366  
[Signature] 3/04/09 (562) 733-0101  
MEMBER SIGNATURE DATE CALL BACK PHONE #

By signing above, I certify that the information on this form is correct. I have read and understand the risks and agree to the terms and conditions of the Wire Transfer Agreement contained in the Master Agreements and Disclosures governing the referenced account. I authorize the withdrawal of the service charge and the processing of the above described wire. I also hold LAFCU harmless for any delays or losses providing that LAFCU acts in good faith and with reasonable care.



P.O. Box 53032 • Los Angeles, CA 90053  
(877) MY LAFCU (695-2328)  
[memberservices@lafcu.org](mailto:memberservices@lafcu.org) • [www.lafcu.org](http://www.lafcu.org)



LAFCU membership is open to active and retired employees, and active volunteers of LA City, members of the Los Angeles Charitable Association, Inc., and their immediate family members. You must be a LAFCU member to obtain credit and/or to use credit union services. web-71808

CREDIT UNION USE ONLY:		Accounting	
PROCESSED BY: <u>[Signature]</u>	APPROVED BY: <u>[Signature]</u>	APPROVED BY: _____	APPROVED BY: _____
DATE: <u>3/1/09</u> TIME: _____		DATE: _____	TIME: _____