

ESL Domestic Wire Transfer Request

All fields below are required. If all of the information isn't provided, there may be a delay in processing your wire transfer request. You may also receive a phone call from us for further clarification.

If not completing this form at an ESL branch, please attach completed form to a secure email through ESL Online Banking (see steps below) **OR** fax completed form to 585.336.1138. If your request is over \$2,000, you must send this completed form through secure email.

To send a secure email through ESL Online Banking, please log into your account. Hover over 'Member Center' and click on 'Secure Email.' Choose 'New Message' and then select 'Wire Transfer' from 'Type' drop down.

EST Mellin	oer er	
Name:		Member Number:
Address:		
City/State/Zi	p:	Phone Number:
Purpose of Wire:		
Final Recip	pient	
Wire ABA N	umber:	Account Number:
Financial Institution Name and Address:		Recipient's Name and Physical Address: (No P.O. Boxes)
Phone Number:		Phone Number:
understand that charges related I have a right to	t this wire transfer is irrevocable. ESL Federa I to insufficient funds, fees, or any losses, dela	rom my account to the beneficiary account or account number named above. I also al Credit Union will not be liable for any costs or damages, including, but not limited to, ays, and/or charges incurred as a result of incorrect wiring instructions, provided by me fund of all funds paid to ESL, including any fees providing the beneficiary does not take
Member Signature:		Date:
FOR INTERNA		
In Person		imployee: 2 nd Verifier:
Not in Person	Document used to verify member signature:	ESL Employee: