

Wire transfer requests may be processed at any local SkyOne branch or the Member Contact Center for domestic or international Wires.

Wire CUT OFF times: requests must be received by no later than 12:30 p.m. Pacific Time to be processed on the same day

Questions? Please email us at support@greenwellfinancial.org.

A \$50 fee will be assessed for domestic wires.

SECTION 1	Wire Date	Wire Amount	Wire Type (Check One) ☐ Domestic	Channel Received: ☐ In Person ☐ Digital
	Name (Member / Joint / Authorized Signer)		Account Number	Share Number to Debit
	Address		City / State / Zip	Daytime Phone
SECTION 2	Destination Bank Information		Bank Name	
	Routing (ABA) Number (Domestic)			
	Purpose of Payment			
SECTION 3	Beneficiary's (Recipient's) Information			
	Beneficiary's Name (As it appears on the account)		Beneficiary's Account Number	
	Street Address	City / State / Zip	Country	
	Special Instructions			
SECTION 4	Intermediary Bank Information (if applicable)		Bank Name	
	Routing (ABA) Number (Domestic)			
AUTHORIZATION	I authorize SkyOne Federal Credit Union dba Greenwell Financial to transfer funds as shown on this wire request form. I am responsible for the accuracy of the above information. Notwithstanding knowledge of any inconsistency, the Credit Union and subsequent parties to the wire transfer order may act solely on the basis of the account number if the name and number disagree. The Credit Union will send the funds by any funds transfer payment system or intermediary bank at its discretion. Confirmation of receipt from the recipient is not required; if requested, the Credit Union will request confirmation but will not be responsible for receipt. A confirmation request fee may be assessed. I understand that there is a fee associated with sending a wire and that the funds will be withdrawn from my account when the wire is sent. (See Schedule of Fees) In addition, the Credit Union will have no obligation to pay interest on any canceled, returned, or rejected wire transfer order. The Credit Union is not responsible to any transferee, beneficiary, or other party as a result of this wire transfer order nor shall the Credit Union be liable for insolvency, neglect, misconduct, mistake, or default of another institution or person, including an originator, except as provided in this request form. The Credit Union will be liable only to its immediate originator only for failure to credit the amount of this wire transfer order to the recipient account solely as a result of the Credit Union's failure to exercise ordinary care or act in good faith. The Credit Union's liability for such failure will be limited to the amount of the transfer order plus lost interest or as otherwise required by law. Subject to the foregoing, the Credit Union's responsibility for loss of interest for error or delay shall be calculated using a rate equal to the average Fed Funds rate of the Federal Reserve Bank of San Francisco for the period involved. DOMESTIC WIRE ONLY There is no right to cancel or amend the transfer order. The Credit Union, at its option, may attempt cancellation or amendment if this application has been acted on, but will have no liability if the cancellation or amendment is not effectuated. If the wire transfer request is canceled, the Credit Union will not credit funds until the Credit Union confirms the recipient has not received the funds, and any funds transmitted have been returned. The Credit Union has no obligation to re-execute any rejected or returned transfer order. The Credit Union will credit any account following return or rejection. Any credit may not be equal to original amount due to wire fees, and expenses of the Credit Union or other institutions. (1) Your request to cancel enables the credit union to identify your name and address or telephone number and the particular transfer to be canceled; and (2) The transferred funds have not been picked up by the designated recipient or deposited into an account of the designated recipient. The credit union shall refund, at no additional cost to you, the total amount of funds provided by you in connection with the funds transfer, including any fees and, to the extent not prohibited by law, taxes imposed in connection with the transfer, within three business days of receiving your request to cancel the transfer order.			
	Signature (Member/Joint Owner/Authorized Signer)		Today's Date	
	SKYONE USE ONLY	Department	Department Contact #	Member Identification
Accepted by (Print Name)		Accepted by (Signature)	Approved by (Print Name)	Approved by (Signature)
Approved by (Print Name)		Approved by (Signature)	Approved by (Print Name)	Approved by (Signature)
Ops Dept Processor (Sig / Initials)		Ops Dept Approver (Sig / Initials)	Amount Verified	OFAC Verified