

INCOMING WIRES

Members need to supply the following information to other institutions when sending wires TO GenFed.

For Domestic wires,

- Receiver: Corporate One FCU, 8700 Orion Place, Columbus, OH 43240, R/T: 244084264;
- Beneficiary: GenFed CU, Beneficiary Acct: 241273269
- Final Beneficiary: Member's name, address, member# and S/L account type.

For International wires (2 options), additional information is needed to be provided:

1. NO Swift Code needed by sender
 - Receiver: Corporate One FCU, RTN#244084264, 8700 Orion Place, Columbus, OH, USA 43240-2078;
 - Beneficiary bank: GenFed CU, RTN# 241273269, 2492 Wedgewood Dr., Akron, OH 44312
 - Final Beneficiary: (please provide all of the information to avoid delay or reject of wire) Member's name, member's account#, member's address, member's phone#.

---OR---




2. SWIFT code is required/requested, use this information:
Institution: BMO Harris
SWIFT BIC: HATRUS44
Fed wire/ABA #: 071000288
 - Beneficiary Account#: 0044709159
 - Beneficiary: Currency Exchange International, Corp., 6675 Westwood Blvd, Orlando, Florida 32821
 - Final Beneficiary: (please provide all information below to avoid delay/reject of wire)
Corporate One FCU, GenFed CU, Member's name, member's account#, member's address, member's phone#.

GenFed's Mission is to consistently 'WOW' every member/owner with superior service.

Akron Office (330) 784-5451
Antwerp Office (419) 258-5151
Bryan Office (419) 636-1053
Centralia Office (618) 532-9524
Lorain Office (440) 282-1660
Mt. Vernon Office (618) 244-1077
Sheffield Lake Office (440) 949-1782
Shelbyville Office (317) 392-6230
Wadsworth:
South Lyman Office (330) 336-2150
Great Oaks Office (330) 336-3556

**Use FREDI (800) 850-5451,
HomeBanking and Bill Payer at
www.genfed.com or your debit
card 24 hours a day!**

**See www.genfed.com for a list-
ing of ATM locations.**

 **ACCOUNTS INSURED UP TO \$500,000**  
American Share Insurance insures each account up to \$250,000. Excess Share Insurance Corporation provides up to an additional \$250,000 of insurance per account. By members' choice, this institution is not federally insured. MEMBERS' ACCOUNTS ARE NOT INSURED OR GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT-SPONSORED AGENCY.



Wire Request

* PRINT or type legibly, *Include documentation (notes/emails/instructions from member/sender) *

Recurring Wire _____
Sender: GenFed Financial CU
Sender ABA 241 273 269

Control Number _____
RECEIVER _____
Receiver ABA _____

(ABA is not always the MICR number!)

Amount (in USD only) \$ _____
*Reason _____

Receiving FI phone# _____
Function Code: CTR OFAC
Type Code: 1000

Originator: ID Code: D OFAC
Name _____
Address _____
Phone _____
Identifier _____

Beneficiary: ID Code: D OFAC
Name _____
Address _____
Phone _____
Identifier _____

Orig to Benef Info: (name, acct#, address)

*IBAN# _____

(*If an international wire) Intl Bank Acct Number

FI to FI Info: D OFAC

Order taken by (name) _____	Date ____/____/____	Time _____
Funded From Account # _____	Suffix _____	Cash (Y / N) _____ / FSP UDTC: WIRE / WIRX

Your Liability for Incorrect information

*requests after 3:00pm are considered next day

The Uniform Commercial Code, Article 4A, permits financial institutions to solely rely on account numbers and routing/transit (ABA) numbers that you provide for identification purposes in funds transfers. The receiving bank of such a transfer has no duty to verify the accuracy of these numbers.

If you give us a payment order that identifies a beneficiary by name and account number or some other identifying number, we will pay the beneficiary on the basis of the number(s) provided to us by you and consider that number to be proper identification. This will be true even if the number you provided to us identifies a person different from the named beneficiary, unless otherwise provided by law or regulation. I agree to hold the Credit Union harmless for any loss that may result from this request except for negligence in handling.

*GenFed has the right to refuse to process any request based on our decision of high risk related to jurisdiction, recipient, etc.

I request GenFed to wire funds as indicated above:

SIGNED _____ DATE _____

GenFed USE ONLY

Verification of recent large deposits:

The MSR should research account and consult the local Manager with questions. If either answer is "N", management authorization is required. If there were no recent large deposits, circle "N/A". **Accounting will not process the wire unless this section is completed.**

1. Was the maximum hold used?
Y / N (mgmt authorization required if "N")
or
N/A (circle), MSR initials: _____
2. Was the issuing bank contacted for a cashier's check over \$5000?
Y / N (mgmt authorization required if "N")
or
N/A (circle), MSR initials: _____

Manager signature authorizing wire amount over \$5,000

Manager signature authorizing "N" to either of the two above questions

Member identified by:
[] Driver License [] State ID
[] Passport [] Other _____

Employee Initials: _____

Entered by: _____
Date _____ Time _____

Verified by: _____
Date _____ Time _____

Sent by: _____
Date _____ Time _____

Callback: _____
Date _____ Time _____

OFAC*: _____ Date _____

*verify payee or sender if not a GenFed member.