

Shared Resources Credit Union
2101 E Pasadena Freeway
Pasadena, TX 77506
713-473-9244 www.srcu.net



**REMITTANCE TRANSFER
RECEIPT**

MEMBER NO: _____

RECEIPT

Sender/Payer:

Recipient/Payee:

Address:

Address:

City/State/Zip:

City/State/Zip:

Day Phone Number:

Day Phone Number:

Transfer Date:

Pick-up Location:

Time of Transfer:

Address:

Confirmation Number:

Funds Available By:

(may be available sooner)

Day Phone Number:

Transfer Amount: _____
Transfer Fees: + _____
Transfer Taxes: + _____
Total: _____

Exchange Rate: US\$1.00 = _____
Transfer Amount: _____
Other Fees: - _____
Total to Recipient: _____

Recipient may receive less due to fees charged by the recipients's financial institution and foreign taxes.

You have a right to dispute errors in your transaction. If you think there is an error, contact: Shared Resources Credit Union within 180 days at 713-473-9244 or www.srcu.net. You can also contact us for a written explanation of your rights.

You can cancel for a full refund within 30 days of payment, unless the funds have been picked up or deposited.

You can cancel for a full refund no later than 3 business days prior to the scheduled date of the transfer.

To cancel your transaction, call: 713-473-9244

For questions or complaints about Shared Resources Credit Union, contact:

Consumer Financial Protection Bureau
855-411-2372
855-729-2372 (TTY/TDD)
www.consumerfinance.gov

State Agency: State of Texas Credit Union Department
Phone Number: 512-837-9236
Web Address: cud.texas.gov

ADDITIONAL TRANSFER INFORMATION

Sender/Payer Information

Account to Debit: _____
Special Payment Instructions: _____

Recipient/Payee Information

Identification Number: _____
Account Number or IBAN: _____

Intermediary Financial Institution Information

Name of Financial Institution: _____
Address: _____

ABA Routing Transit Number: _____
Swift/Sort Code: _____
Branch Information: _____
Special Payment Instructions: _____

Receiving Financial Institution/Entity Information

Name of Financial Institution/Entity: _____
Address: _____

Swift/Sort Code: _____
Branch Information: _____
Special Payment Instructions: _____

AUTHORIZATION

By signing or otherwise authenticating, the Sender acknowledges that he/she has authorized the remittance transfer described on this Receipt.

Sender Signature (optional)	Date
X	

CREDIT UNION USE ONLY

Transaction Details

Date and Time of Request: _____ Method of Transfer: _____
Transfer Processed By: _____ Transaction/Control Number: _____

Security Measures

Security Method Used: _____ Date and Time: _____
Completed By: _____ Phone Number for Callback (if applicable): _____

Cancellation Information

Cancellation Date: _____ Cancellation Time: _____
Cancellation Processed By: _____

OFAC

OFAC Verification Completed By: _____ Date: _____