American Airlines Credit Union

# Domestic Funds Transfer Request
## (Consumer & Business Members)

Fax completed form to (866) 271-2498 Attn: Wire Department.
Wire requests received after 1:30 p.m. CT will be processed the next business day.

| For Credit Union Use ONLY |
|---|
| Branch Teller ID/Initials (Member IDed) 8776 / RN |
| Wire Dept. Teller ID/Initials |
| Wire Dept. Teller ID/Initials |
| Manager/Officer Approval |

| Sender Information | (Member sending the funds) **PRINT LEGIBLY OR TRANSFER MAY BE DELAYED.** | | | | | |
|---|---|---|---|---|---|---|
| Member Name | RHODORA BISCOCHO | | | | | |
| Member Account Number And Share ID | | | | | Share ID | 0000 |
| Member Address | 9 LUNDSTEN AVE | | | | | |
| | City | STATEN ISLAND | ST | NY | Zip | 10309 |
| | (P.O. Box not acceptable. Must include physical street address, city, state and ZIP.) | | | | | |
| Daytime Phone Number | 646-641-8653 | Email Address | RBB216@YAHOO.COM | | | |

| Transfer Details | |
|---|---|
| Amount of Transfer | $4730.00 |
| Funds-Transfer Reference<br>Special instructions to recipient | ONE PARK POINT #PH102, NARINA GRIGORYAN |
| Reason for Transfer<br>*NOTE*: "Personal or Gift" is not a valid reason | BROKER FEE |

| Recipient/Beneficiary Information | (Individual receiving the funds) **PRINT LEGIBLY OR TRANSFER MAY BE DELAYED.** | | | | | |
|---|---|---|---|---|---|---|
| Beneficiary Name<br>Receiver's name as it appears on account | TDG - TREGNY LLC | | | | | |
| Beneficiary Phone Number | 718-222-0211 | | | | | |
| Beneficiary Address<br>(PO Box Not acceptable) | 40 N 6th ST | | | | | |
| | City | BROOKLYN | ST | NY | Zip | 11249 |
| Beneficiary Bank Name/Address | CHASE - 270 PARK AVE, NY, NY 10017 | | | | | |
| Beneficiary Bank Routing Number | 021000021 | Account Number | 606722810 | | | |

| Additional Information for Correspondent Bank | |
|---|---|
| Beneficiary Correspondent Bank | |
| Beneficiary Correspondent Bank Routing Number | |
| Beneficiary Correspondent Bank Account Number | |

If this form was not submitted in person at our branch, a representative will call to verify after reviewing your funds-transfer form. The phone number you provide must match the phone number we currently have on file or the transfer will be delayed. Refer to our Truth in Savings Rate and Fee Schedule for fees associated with this transaction.

**I agree that any incomplete, inaccurate or illegible information listed on this form may result in the non-transfer of funds.** Fedwire may be used to send the funds transfer. Regulation J is the law covering all Fedwire transactions. I agree that if I give American Airlines Federal Credit Union a payment order that identifies the recipient of the funds, by both name and account number, payment may be made by the recipient's bank on the basis of the bank account number, even if the number identifies a person different than the named recipient. Similarly, if I give the Credit Union a payment order that identifies an intermediary or receiving bank by both name and identifying number, a receiving bank may rely on the number as the proper identification, even if it identifies a different bank than named. American Airlines Federal Credit Union is not responsible for a liability incurred as a result of non-transfer of funds. I agree that this funds transfer will be conducted according to the Terms and Conditions of the Funds Transfer Agreement I previously executed.

**By signing below, I acknowledge that once the wire transfer is initiated, the funds may be irretrievable.**

**Authorized Signature:** ______________________ **Date** 5/14/2026