

ACU Western Union Form

Western Union Form			
<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Fax <input type="checkbox"/> Other (specify)		Date	Time
Amount	Fee	Request Taken By:	
Member Verification			
<input type="checkbox"/> Name <input type="checkbox"/> Password <input type="checkbox"/> SSN <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> Other (specify)_____			

Originator

Member Information			
Member Name		Member Number/S Type	
Member Street Address (PO Box not accepted)	City	State	Zip
Member Phone Number	Members ID info		
Member Occupation	Member SSN		

Beneficiary Pickup Location Information

Pickup Location Information			
Pickup Location			
Pickup Location Street Address (PO Box not accepted)	City	State	Zip
Pickup Location Phone Number			

Beneficiary Information			
Name as Printed on ID - Photo ID required for amounts over \$999.99			
Beneficiary Street Address (PO Box not accepted)	City	State	Zip
Code Word or Question if Beneficiary does not have ID (only transactions less than \$999.99)		OFAC Verification <input type="checkbox"/>	
Physical Description of Beneficiary for Transactions from \$500 to \$999.00			

Authorization	
Signature and picture ID required	
Member Signature	Date
For ACU use only	
Employee Signature - Input in Sunpower	Sequence #
Employee Signature - 2nd Verification/Call Back	
Employee Signature - 3rd Verification	