

# WIRE TRANSFER PAYMENT AUTHORIZATION



**Note: A signed Wire/Funds Transfer Agreement must be on file before this request can be sent to the beneficiary. (This is not the Wire/Funds Transfer Agreement)**

The sender listed below requests payment to be made to the beneficiary and account number named below. It shall be the sole responsibility of the sender to provide accurate information regarding the beneficiary. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of the credit union is to exercise ordinary care in processing this wire transfer and that the credit union is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer. Wire received after 1:00 p.m. will be processed the following business day.

SENDER INFORMATION			
Sender's Name:		Account Number:	
Address:		Wire Amount:	Fee Amount:
City:	State:	Deduct From (check one) Checking: ___ Savings: ___	Deduct From (check one) Checking: ___ Savings: ___
Daytime Phone:		Other (please specify):	Other (please specify):
TRANSFER INFORMATION			
RECEIVING BANK		FURTHER CREDIT	
Bank Name:		Bank Name:	
ABA/Swift Code:		ABA/Account Number:	
Address:*		Address:*	
City:*	State:*	City:*	State:*
Telephone Number:*		Telephone Number:*	
FURTHER CREDIT		FINAL CREDIT	
Bank Name:		Beneficiary Name:	
ABA/Account Number:		Account Number:	
Address:*		Address:*	
City:*	State:*	City:*	State:*
Telephone Number:*		Telephone Number*	

\* Denotes required data for financial institution.

\*\*Phone Requests are limited to a maximum of \$3000 and no third party transfers.

Sender's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Member Service Use:**

Password Verified: ___ Yes ___ No – record reason _____ ID verification – Type & Number: _____ Received & Verified by: _____ Date & Time Received _____ Time Sent to Wire Dept: _____
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