

DOMESTIC OUTGOING WIRE TRANSFER AUTHORIZATION

Fax completed form to: (361) 576-0924
Questions? Please call: (361) 576-3168



MEMBER INFORMATION

Date of Transfer: _____
Member Name: _____ Account # _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

WIRE INFORMATION

RECEIVING FINANCIAL INSTITUTION INFORMATION

AMOUNT TO WIRE \$ _____ **ROUTING #**(9 Digit #): _____
Financial Institution: _____
Street Address: _____
City: _____ State: _____ Zip: _____

RECEIPIENT INFORMATION (Person receiving funds)

Member Name: _____ Account # _____
Street Address: _____
City: _____ State: _____ Zip: _____
Additional Information (optional) _____

SECONDARY BANK INFORMATION (Complete if necessary for further credit to another institution)

Financial Institution: _____ Account # _____
Street Address: _____
City: _____ State: _____ Zip: _____

Member Signature _____

Date _____

The Credit Union is authorized to use any means it may consider necessary for the transmission of funds, and is released from responsibility for any inaccurate information provided above, interruption or delay in transmission, or for claims caused by any circumstances beyond its control. By signing above, I hereby request that the Credit Union attempt to perform the funds transfer described above. I understand and agree that this transaction is also subject to the applicable terms and conditions set forth in the Funds Transfer Agreement and Notice, Account Agreement and Member Account Agreement & Disclosure and Schedule of Fees and Charges, receipt of all of which is acknowledged and which are incorporated by this reference.

Office Use Only

Request received by: _____ Date & Time: _____
Verified OFAC by: _____ Debited by: _____ (731.02)
Sent by: _____ Date: _____ Verified by: _____ Time: _____