



WIRE TRANSFER AUTHORIZATION

SENDER/PAYER INFORMATION

Name:			
Address:	City:	State:	Zip Code:
Account #:	Accou	nt Type: 000	0 008
Purpose of wire:			
RECIPIENT/P	PAYEE FINANCIAL IN	NSTITUTION	INFORMATION
Name of Financial Institution:			
Routing & Transit Number:			
	RECIPIENT/PAYEE	INFORMATIC	ON
Name on the Account:			
Account Number:			_
Address:	City:	State:	Zip Code:
Amount: \$			
request needs to be received	stitution as their wire tra by the Credit Union befo ed that same day. I also u	insfer instruction ore 3:30 (EST) on understand that	ns. I understand that this wire a business day of the Credit after the Credit Union receives
routing and transit number. number or other identifying ror institution. If the wire training transitions are training to the strain of the st	The Credit Union (and otl number as the proper ide nsfer is cleared through the ze the Credit Union to tra	her institutions) entification, even he Federal Reser ensfer funds as de	me, by account number, and by may rely on the member if it identifies a different party eve, the transaction is governed escribed herein and debit your
Signature:		_Date:	
For Credit Union Use Only: Signa	ture verified by: Ca	Ilback verification	performed by: