



1011 N. Michigan Ave. Saginaw, MI 48602

**WIRE TRANSFER AUTHORIZATION**

**WIRE IS COMING FROM:**

(Member Information)

Member Name:

Member Address (No  
Member City, State

PO Box):  
Zip:

Member Phone #:  
Account #:  
Purpose of wire:

*Amount of wire:  
Amount of Fee:  
Total from account:*

**WIRE IS GOING TO:**

(Institution Information)

Institution Name:  
Street Address (No PO Box):  
City, State Zip:  
Routing/Transit Number:

**FURTHER CREDIT:**

(Institution Information Cont'd)

Institution Name:  
Street Address (No PO Box):  
City, State Zip:  
Routing/Transit Number:

**FINAL CREDIT TO:**

(Beneficiary Information)

Beneficiary Name(s):  
Street Address (No PO Box):  
City, State Zip:  
Account Number:  
 Savings  Checking

**I understand that I am responsible for all information listed above. Any information that may be incorrect could void this wire transfer and cancel any responsibility held by Family First CU.**

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*Office Use Only\***

If the Wire Transfer request was not made in person, please indicate how the identity of the member was confirmed.  
 Phone  Email Identity verified by:  Secret Phrase  
 Other - Specify:

**Before Completing Wire:**  **Member Call Back** **Call Back Phone #:** \_\_\_\_\_  
**Call Back/Transfer done by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Request taken by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_