

WIRE TRANSFER AUTHORIZATION

WIRE IS COMING FROM:

(Member Information)

Member Name:
 Member Address (No PO Box):
 Member City, State 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 Credit Union.

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. | | |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Email | Identity verified by: <input type="checkbox"/> Secret Phrase |
| | | <input type="checkbox"/> Other - Specify: |
| Request taken by: | Date: | Time: |
| Transfer done by: _____ | Date: _____ | Time: _____ |