



Wiring Request Form

Wiring cut off time is 3:00 CST
There is a \$25 fee for outgoing wires

Member #: _____

Date: _____

Name: _____ Phone#: _____

Wire Amount: _____

Address: _____

Wire to:	(Name of Bank)	PURPOSE OF WIRE:
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ABA#: _____ (9 digits) _____

Intermediary Financial Institution
(Not required for all wires – member must call bank for wire instructions)

Credit: _____

Account #: _____

Final Credit – Person who will benefit from wire

Name: _____

Account #: _____

Address: _____

Additional Information (if needed)

By signing below I hereby authorize this money to be wired as instructed. Please deduct the funds for this wire and the \$25 wire fee.

Signature: _____

Office Use Only: The identity of the person sending the wire must be verified by using the “Verification Procedures” in the Wire Policy. Employee must sign to confirm that they have completed verification.

Confirmed by: _____ Telephone: _____

Method of Verification: _____