



Wiring Request Form

Wire cut off time is 3:00 CST / \$25 fee for outgoing wires

Member #: _____

Date: _____

Name: _____

Phone#: _____

Wire Amount: _____

Address: _____

Wire to: _____ (Bank)

PURPOSE OF WIRE: _____

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 the funds to be wired as instructed and I understand that the wire cannot be recalled once it is sent. I have verified the wiring instructions with the receiving bank. 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. MSR must sign to confirm that they have completed verification. Put the driver’s license # in the “*Method of Verification*” section if the member completes the form in person.

Confirmed by: _____

Teller #: _____

Method of Verification: _____

Telephone: _____

Security Question: _____

Answer: _____

(If unable to verify member with initial verification procedures as noted in the Wire Transfer Policy, you must ask 2 additional security questions and document on the back of this form)