

**BANK WIRE
AUTHORIZATION AGREEMENT**



**Please fax completed form to 214-273-7111
Fee \$15/Cutoff 2:30 PM CST**

For verification purposes, LCFCU may call back any Member who requests a wire transfer via fax. The call back will be made to the number that is listed on our system. **If we are unable to reach you, your wire request may be delayed.**

Credit union employees may not change any information on this form. Please ensure that you have adequate available funds to cover the amount of the wire, plus the wire fee.

The undersigned understands and agrees that the Credit Union will make every effort to expedite the transfer of funds. Delays may arise in delivery to the beneficiary through no control of LCFCU. This form does not constitute a guarantee of funds delivery. The undersigned also agrees to hold LCFCU harmless if the funds are not received and credited due to incorrect information provided on this form.

Sender Information:

Member Name: _____ Acct # to be Debited: _____

Member Address (No PO Boxes): _____

Amount of Wire: _____ (this must match the # on our system): _____ Daytime Phone # _____

Destination Information:

Receiving Bank Name: _____ ABA/Routing # (9-digits long): _____
City and State of Receiving Bank: _____

For Credit To: _____ Credit to Acct #: _____

Credit to Physical Address: _____

Further Credit: _____ Further Credit Acct #: _____

Further Credit Physical Address (No PO Boxes): _____

Special Instructions: _____

Please Sign Both Boxes:

Member Signature:

Internal Use:

All Wires: Received by: _____	In Person: Reviewed by: _____	Call Back: Employee performing call back: _____
Signature verified: _____	ID: _____	Phone # called: _____
OFAC: _____	_____	Date/time of call back: _____
Wire log: _____	_____	Name of member confirming request: _____