

**WESTERN UNION WIRE
AUTHORIZATION AGREEMENT**



**Please fax completed form to 214-273-7111
Fee \$25/Cutoff 4:00 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:

Name of Person Receiving Western Union (exactly as it appears on driver's license or other valid identification): _____

City, State in which Western Union will be picked up: _____

Special Instructions: _____

Please Sign Both Boxes:

Member Signature:

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The recipient may be asked for the name of the originating institution. The response should be Southwest Corporate Federal Credit Union, Plano, Texas.

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: _____