

Four Points Federal Credit Union

Authorization for Wire Transfer Instructions

Member Account #: _____

Member Name: _____

Member Phone # _____

Receiving Bank: _____

Receiving Bank ABA #: _____

Address (City & State): _____

Telephone Number (required): _____

Beneficiary Bank (if corresponding bank is used) _____

Beneficiary Bank Account # _____

Beneficiary Name _____

Beneficiary Acct # _____

Special Mention (Optional) _____

Signature

Date

Please check:

Set up for future wires
Please wire \$ _____ when this form is received.

One Time Wire Only
Please wire \$ _____ when this form is received.

Information only. Keep on file for future wires. No funds to be sent at this time.

(Please return with a voided check referencing above information.)