

# Wire Transfer Authorization Form



Amount of Wire \_\_\_\_\_

Purpose of Wire \_\_\_\_\_

## Member Information

Name \_\_\_\_\_

Account # \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

## Receiving Institution Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

ABA # \_\_\_\_\_

### For Office Use Only

#### Verification-check all that apply.

ID In Person

Callback phone # that matches system #

Account Activity

H.B. Challenge Questions

Other \_\_\_\_\_

*Accepted By*

*Teller Stamp*

## Further Credit To:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Account # \_\_\_\_\_

*Approved By*

*Teller Stamp*

## Final Credit To:

Name \_\_\_\_\_ Address \_\_\_\_\_

Account # \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Please Note:** Your daytime phone number is required so we can call you and confirm your wire transfer request. We cannot process your request without your verbal confirmation.