

**BANK WIRE
AUTHORIZATION AGREEMENT**



Please fax completed form to 214-273-7111 ~ Fee \$25.00 ~ Cutoff Time 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

Date of Request: _____ Amount of Wire: _____

Member Name: _____ Acct # to be Debited: _____

Member Address (No PO Boxes): _____

Best Contact Phone #: _____ Alternate Phone #: _____

Email Address: _____

Purpose of Wire: _____

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
(Street, City, St & Zip): _____

Further Credit: _____ Further Credit
Further Credit Acct #: _____
Physical Address
(Street, City, St & Zip) : _____

Special Instructions: _____

Member Signature: