

**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:	_____
Birth Date	_____		
YYYY-MM-DD	_____		
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):	_____		
End to End Identification	_____	Further Credit Acct#:	_____
Further Credit:	_____		
Physical Address (Street, City, St & Zip)	_____		
Special Instructions :	_____		
Member Signature:	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>		