

AMERICAN UNITED FCU -- FEDERAL WIRE REQUEST

Instructions: All lines must be completed. Please print all information.

INITIATOR OF WIRE

1. Members Name _____

Social Security No. _____ ID # & STATE. _____

2. Member Number and Share type. (funds withdrawn from)

Member No . _____ Share Type: _____

Telephone number for call back (**call back is required for telephone requests**)

(____) _____ **Callback completed initial** _____

4. Dollar amount to be sent. \$ _____

RECEIVING INSTITUTION INFORMATION – INITIAL CREDIT

5. ABA 9-digit routing number. _____

Institution Name _____

City/State/Zip _____

Telephone Number (____) _____

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CREDITING INSTITUTION - **IF NECESSARY --SECONDARY CREDIT (PH. ADDRESS REQUIRED)**

Name : _____ Address _____

Account # _____ City, ST, Zip _____

Reference Info: _____

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BENEFICIARY-FINAL CREDIT

6. Name on Account at Receiving Institution _____

7. Account Number at Receiving Institution _____

Type (ie. Savings, checking) _____

8. Address (physical required) _____

I hereby authorize AUFCU Credit Union to transfer funds by wire as shown above. I understand that my account shown will be debited for the amount of the wire and any applicable fees. I agree to hold AUFCU Credit Union harmless if the funds are not received and credited due to incorrect information.

Members Signature: _____ Date: _____

VERIFICATION _____ DL# _____ Signature _____ SS# _____ call back

(_____) initials of employee _____ phone request