DOMESTIC OUTGOING WIRE TRANSFER AUTHORIZATION

Fax completed form to: (361) 782-5533 Email completed form to: info@jacksoncountyfcu.com Questions? Please call: (361) 782-0708

Confirmation Number:



	ME	EMBER INFORMATION	Wire Fee: \$20.00	
Memher Name:	Date of Transfer: Member Name: Member #			
		_		
City:			 Zip:	
	Home Phone: Cell Phone: Purpose of Payment:			
WIRE INFORMATION				
RECEIVING FINANC	CIAL INSTITUT	ΓΙΟΝ INFORMATION		
AMOUNT TO WIRE \$ ROUTING #(9 Digit #):			'(9 Digit #) !	
City:		_	Zip:	
RECEIPIENT INFORMATION (Person receiving funds)				
Member Name:		Account #		
City:			Zip:	
		N (Complete if necessary for furtl		
Financial Institution	inancial Institution:Account #			
Street Address:			<u>Α</u> CCOUIT #	
City:			Zip:	
J.C., -				
Member Signature	Member Signature Date		 Date	
The Credit Union is authorize responsibility for any inaccuracircumstances beyond its cordescribed above. I understan Funds Transfer Agreement a	ate information provi ntrol. By signing abov nd and agree that this nd Notice, Account A	it may consider necessary for the transmis ded above, interruption or delay in transm re, I hereby request that the Credit Union is transaction is also subject to the applical greement and Member Account Agreemen and which are incorporated by this referen	ssion of funds, and is released from hission, or for claims caused by any attempt to perform the funds transfer ble terms and conditions set forth in the ht & Disclosure and Schedule of Fees and	
		Office Use Only Receip	ot #:	
Request received by:		Date & Time:		
Verified OFAC by:			by:(731.02)	
Sent by:	Date:	Verified by:	Time:	

Wire Fee: \$20.00 offset G/L 131.10