



Wire Transfer - Master Authorization

Use this form only when a Wire Transfer request will be recurring.

MEMBER #: _____ MEMBER: _____

ACCOUNT #: ____1 ____2 ____3 ADDRESS: _____
Physical address only

AMOUNT: _____
City State Zip

PURPOSE: _____ PHONE: _____

DOB: _____ EMAIL ADDR _____

RECEIVING INSTITUTION

ABA/ROUTING #: _____

NAME: _____

ADDRESS: _____

SWIFT/IBAN# _____ CLAVE (MEXICO) _____

FURTHER CREDIT

INSTITUTION NAME: _____

ABA/ROUTING #: _____

ADDRESS: _____

FINAL CREDIT

NAME: _____

ACCOUNT #: _____ CHECKING _____ SAVINGS

ADDRESS: _____

DOB: _____ EMAIL ADDR _____

INSTRUCTIONS: _____

SIGNATURE _____ DATE: _____

FOR USECU USE		
Do not complete this section on original; make a copy for documenting the following information:		
DEBIT WIRE _____	DEBIT FEE _____	OFAC BY _____
DATE _____	TIME _____	MSR INTIALS _____
INPUT BY _____	CONFIRMATION NUMBER _____	
APPROVED BY _____	\$2500.00 CALL BACK BY _____	