



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

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:** _____

A physical signature is required. We cannot accept digital signatures for wire transfers.

USECU Employee: Complete a separate Wire Transfer Authorization form for each recurring wire request.

<p>FOR USECU USE</p> <p>REVIEWED AND APPROVED BY _____</p>
