

Family 1st of Texas FCU OUTGOING WIRE TRANSFER AUTHORIZATION

DATE _____

MEMBER/SENDER NAME _____

MEMBER ACCT # _____ MEMBER PHONE # _____

AMOUNT \$ _____ FEE \$ _____

REQUEST BY PHONE FAX E-MAIL MAIL IN PERSON

NAME OF FINANCIAL INSTITUTION TRANSFERRING TO

ROUTING OR ABA# _____

BENEFICIARY ACCT# _____

BENEFICIARY NAME* _____

BENEFICIARY ADDRESS _____

**If not a member, see box below*

BENEFICIARY PHONE # _____

PERSON SENDING WIRE _____

PERSON VERIFYING WIRE _____

____ Tranzact Verification # _____

____ Agent Name (if phoned in) _____

ID/Verifying Information Obtained: _____

Signature if requested in person

BENEFICIARY NAME: _____

SOCIAL SECURITY# _____

BENEFICIARY ADDRESS: _____

RUN BENEFICIARY THROUGH OFAC AND CHECK HERE