

Member Wire Authorization

Complete this section for ALL Wire Transfers

Member's Name: _____

Account Number: _____ 1__ 2__ 3__ 4__ 5__ 7__ 9__

Address: _____

Phone Number: () _____

Amount of Wire: \$ _____

Fee: \$ _____ Question Answered: _____

Phone Request - No Signature Required. Fill out this section completely ONLY IF:
Member is wiring to themselves - \$5,000 maximum.
OR wire is under \$1,000.00 for the member's credit card payment*

Name of Bank/C.U. wired to: _____

City & State of Bank/C.U.: _____

Bank Routing Number: _____ (9 #'s)

Further Credit: _____ Further Credit Acct # _____

Member's Account # for deposit _____ Type _____

For wires to Foreign Countries, SWIFT Code: _____

For wires to Europe (also need), IBAN Code: _____

Wire Transfer - Signature Required: Fill out this section completely for: wires over \$5000.00 to member, OR ANY wires to another person's account (not the member's).

Name of Bank/C.U. wired to: _____

City & State of Bank/C.U.: _____

Bank Routing Number: _____ (9 #'s)

Further Credit (thru bank): _____

Further Credit Acct #: _____

Name of person wiring to: _____

Person's Address Information: _____

Bank Account Number: _____ Type: _____

Member Signature: _____ Date: ____/____/____

Driver's License #: _____ State: _____

* **Additional information required for International Wires:**

Purpose of wire: _____

For wires to Foreign Countries, SWIFT Code: _____

For wires to Europe (also need), IBAN Code: _____

For Office Use Only:

Request taken by (sig.) _____ Time: _____ Date: _____

Wire Completed by (sig.) _____ Time: _____ Date: _____

Mbr. called back by (print) _____ Time: _____ Date: _____

Email to: Accounting@peopledrivencu.org