



WIRE TRANSFER OF FUNDS

DATE: _____

TIME: _____

WRITTEN BY: _____

MEMBER NAME: _____

MEMBER ACCOUNT NUMBER: _____

IDENTIFICATION: BIRTHDATE: _____ SSN: _____ TDL: _____

MEMBER CONTACT INFO: HOME: _____ WORK: _____

OTHER: _____

WIRE AMOUNT: \$ _____

RECEIVING FI ABA: _____

RECEIVING FI NAME: _____

RECEIVING FI ADDRESS: _____

BENEFICIARY ACCOUNT NUMBER: _____

BENEFICIARY NAME _____

BENEFICIARY ADDRESS: _____

ADDITIONAL INFORMATION: _____

I UNDERSTAND IT IS MY RESPONSIBILITY TO PROVIDE ACCURATE ROUTING (ABA) NUMBERS AND ACCOUNT NUMBERS TO METROPLEX CREDIT UNION. I HAVE REVIEWED THE ABOVE INFORMATION AND AGREE TO ITS ACCURACY. I AUTHORIZE METROPLEX CREDIT UNION TO DEDUCT THE FUNDS FROM MY ACCOUNT AND DEDUCT THE FEE.

MEMBER/JOINT SIGNATURE: _____