



WIRE TRANSFER AUTHORIZATION

****ALL REQUESTS MUST BE RECEIVED BY 2:30pm MST**

WIRE TRANSFER FEE IS \$20.00 PER WIRE

Member Information:

Member Name:		Member #	
Address:	City:	State:	Zip:
Phone			
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking		Amount \$	

Recipient (beneficiary) information

Domestic (Inside US) International (Outside US)

Recipient Name:			
Address	City:	State:	Zip:
Phone #:			
Name of Bank:			
Bank Routing #		Bank Account #	
Bank Address:	City:	State:	Zip:
Special Instructions:			

** By signing below, I authorize The Florist Federal Credit Union to execute the above funds transfer. I understand that voice confirmation and an identity confirmation (**i.e.: SSN, mother's maiden name, and/or driver's license #**) will be needed before funds can be transferred. I understand a fee of \$20 will be added to the total amount deducted from my account.

**** The Florist Federal Credit Union is not responsible for any delays or loss of funds due to incorrect information provided to us.**

Signature:	Date:
Printed Name:	Date: