



Wire Transfer Authorization Form

ORIGINATOR/SENDER INFORMATION

Member's Name: _____ Account w/ Trailer: _____
Date: _____ Address: _____
City, State, Zip: _____ Amount: \$ _____ (\$15.00 Fee)
Purpose for Wire: _____

BENEFICIARY/RECIPIENT FINANCIAL INSTITUTION INFORMATION

Name of 1st Financial Institution: _____
ABA Routing #: _____
Address: _____ City, State, Zip: _____
Name of 2nd Financial Institution (If Applicable): _____
Account #: _____ Address: _____
City, State, Zip: _____

BENEFICIARY/RECIPIENT INFORMATION

Beneficiary's Name: _____ Account #: _____
Address: _____ City, State, Zip: _____
Account Type: Savings Checking Other
Special Instructions: _____

ORIGINATOR/SENDER AUTHORIZATION

The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect information provided. The undersigned releases Best Reward Credit Union from all liability from any loss, unless the loss arises out of the credit union's failure to exercise ordinary care, act in good faith, or act in accordance with the instructions given pursuant to this Authorization. The credit union and other financial institutions may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. You authorize the credit union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. The credit union has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of funds.

Member's Signature: _____
Phone #: _____ Date: _____

INTERNAL USE ONLY

Accepted by: _____ Information Verified & Processed by: _____
 Funds Collected Fee Collected OFAC Verification Log Identification Provided Revised 02/18
 Call-Back Confirmation - Date: _____ Time: _____ Employee's Name: _____