

Wire Transfer Request

Member Name _____ Date Wire is to be sent _____

Phys Addr: _____ Account # _____ Savings Checking

City, State, Zip _____ Phone No. _____

Amount of Wire Transfer Requested \$ _____

Receiving Bank Name _____

ABA Wiring Number _____

(*Please be advised that this may or may not be the routing number on your checks. Please check with the receiving financial institution for correct wiring instruction*)

Bank for Further Credit (if needed) _____

ABA Wiring Number _____

Final Beneficiary _____

Member's Relationship to Beneficiary _____

Beneficiary Account # _____

Address of Beneficiary (*Required*) _____

City, State, Zip _____

Purpose of Wire Transfer _____

Additional Information (if needed) _____

I authorize the above described wire transfer from my Leaders Credit Union account. I understand there is a \$15.00 charge for this service. All requests received after 2:00 pm will be processed the following business day. I agree to indemnify and hold LCU harmless from all costs, including attorney's fees (to the extent permitted by law) damage or claims related to LCU's actions in sending the wire. I understand that I will be responsible for any fees charged by the receiving financial institution as a result of incorrect information I provide.

Signature: _____

Date: _____

SS#: _____

DOB: _____

Return Fax: 731-215-6677

Call Back Procedure for return fax requests – When we receive your wire transfer request, we will confirm the request by calling the phone numbers listed on your account. These numbers must be in place prior to the request.

For Credit Union Use Only:

Teller/MSR _____ ID Verified Yes _____ No _____

For Accounting Use Only:

Call Back Date/Time _____ / _____ Phone # _____ Sent By: _____ Verified By: _____