Ferguson
Federal Credit Union

WIRE TRANSFER REQUEST

I authorize Ferguson Federal Credit Union to execute the following wire transfer:

Amount: $_____Amount printed:_____Dollars_____Cents

Authorized Account Holder Name: _____

Account Number:_____[ ] Main Share [ ] Checking [ ] Other _____

TO: PRIMARY FINANCIAL INSTITUTION (FI)

Note: For foreign wire, must provide a U.S. corresponding bank's name and ABA number

FI Name: _____ FI ABA: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
(9-Digits Required)

FI Address: _____
Street City State Zip

FORWARD TO: SECONARY FINANCIAL INSTITUTION (2nd FI)

Note: If foreign FI must provide SWIFT Code _____

2nd FI Name: _____ Account Number: _____

2nd FI Address: _____
Street City State Zip

WIRE INFORMATION – FOR CREDIT TO RECIPIENT:

Name:_____Account Number: _____

Address: _____
Street City State Zip

Special Instructions: _____

AS THE ACCOUNT HOLDER I ACKNOWLEDGE AND ACCEPT THAT:

1. Any wire request received after 2:00pm CST on a business day will not be processed until the next business day. Requests received by the cut-off time will be processed by 3:00pm CST.
2. Ferguson Federal Credit Union cannot guarantee that the receiving financial institution will actually receive and/or act upon any transfer in a timely manner.
3. Ferguson Federal Credit Union cannot be responsible for the receiving institution's error in posting of a wire request based on incorrect or incomplete information received from the member.
4. Ferguson Federal Credit Union cannot guarantee special instructions will be followed by the receiving financial institution(s).
5. Ferguson Federal Credit Union is authorized by the account owner to debit the above noted account for the amount of this wire transfer and any fees and expenses incurred in connection with the execution of this request.
6. My signature below certifies that all information is correct and complete.

Signature: _____ Date: _____

My day time phone number that I can be reached at is: _____ [ ] Home [ ] Work [ ] Cell

CREDIT UNION USE ONLY

Identification Type :_____Identification Number:_____Expiration Date: _____

Employee Accepting Request:_____on Date:_____at Time:_____AM / PM

WIRE ROOM USE ONLY

Entered by:_____Date:_____Time:_____AM / PM

CONTROL NUMBER: _____

Verified by:_____Date:_____Time:_____AM / PM

Transmitted / Approved by:_____on Date:_____at Time: _____