

DOMESTIC OUTGOING WIRE TRANSFER AUTHORIZATION

Fax completed form to: (361) 782-5533
Email completed form to: info@jacksoncountyteachers.com
Questions? Please call: (361) 782-5745



MEMBER INFORMATION	Wire Fee: \$20.00
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Date of Transfer: _____

Member Name: _____ Member # _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Purpose of Payment: _____

WIRE INFORMATION

RECEIVING FINANCIAL INSTITUTION INFORMATION

AMOUNT TO WIRE \$ _____ **ROUTING #** (9 Digit #): _____

Financial Institution: _____

Street Address: _____

City: _____ State: _____ Zip: _____

RECEIPT INFORMATION (Person receiving funds)

Member Name: _____ Account # _____

Street Address: _____

City: _____ State: _____ Zip: _____

Additional Information (optional) _____

SECONDARY BANK INFORMATION (Complete if necessary for further credit to another institution)

Financial Institution: _____ Account # _____

Street Address: _____

City: _____ State: _____ Zip: _____

Member Signature

Date

The Credit Union is authorized to use any means it may consider necessary for the transmission of funds, and is released from responsibility for any inaccurate information provided above, interruption or delay in transmission, or for claims caused by any circumstances beyond its control. By signing above, I hereby request that the Credit Union attempt to perform the funds transfer described above. I understand and agree that this transaction is also subject to the applicable terms and conditions set forth in the Funds Transfer Agreement and Notice, Account Agreement and Member Account Agreement & Disclosure and Schedule of Fees and Charges, receipt of all of which is acknowledged and which are incorporated by this reference.

Office Use Only	Receipt #: _____
Request received by: _____	Date & Time: _____
Verified OFAC by: _____	Debited by: _____ (731.02)
Sent by: _____ Date: _____	Verified by: _____ Time: _____
Confirmation Number: _____	Wire Fee: \$20.00 offset G/L 131.10