



START DREAMING™

WIRE FORM

SENDER/PAYER INFO

Name: _____ Phone No: _____

Address: _____ Transfer Amount: \$ _____

City/State/Zip: _____

Member No: _____

Special Payment Instructions: _____

RECIPIENT/PAYEE INFORMATION

***THIS INFORMATION IS REQUIRED**

Name: _____

Address: _____

City/State/Zip: _____

Account No: _____

RECIPIENT/PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____

Address: _____

City/State/Zip: _____

Routing No: _____

Special Instructions: _____

Purpose of wire _____

You may identify the payee or any financial institution by name and by account number (or ABA routing number). The Credit Union (and other institutions) may rely on the member or other identifying number as the proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize Texan Sky Federal Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges.

Account Owner: _____ Date: _____

INTERNAL USE ONLY

CU Initial, Date & Time of Request: _____ Fee Amount: _____

Identification Used: _____ Processed By: _____

Special Instructions: _____