



SUMMIT RIDGE CREDIT UNION

OUTGOING WIRE TRANSFER FORM & AGREEMENT

3485 NE Ralph Powell Rd, Lee's Summit, MO 64064
Phone: 816-272-6160 Fax: 816-272-6266 Website: www.mysrcu.com

PLEASE PRINT ALL INFORMATION IN INK, INITIAL ANY CHANGES

Please note, all requests for outgoing wires received after 12:00 pm deadline will be sent the next business day. Please call us after sending your fax to ensure we have received your instructions.

Wire Amount: \$ _____
Wire to Destination Financial Institution: _____(Name)
Destination Financial Institution Routing #: _____
Address of Destination Financial Institution: _____

Beneficiary Financial Institution: _____(Name)
Beneficiary Financial Institution Account #: _____
Beneficiary FI Address: _____

Beneficiary Name: _____
Beneficiary Account #: _____
Beneficiary Address: _____

Originator SRCU Member Name: _____
Originator SRCU Member Account #: _____
Originator SRCU Member SSN#: _____
Originator SRCU Member Address: _____
Originator Home Phone: _____ Day/Business Phone: _____

Reference Information: _____

Wire fee is \$15.00. Funds will be withdrawn from the above SRCU account along with the applicable wire fee. It is understood that the funds transferred pursuant to my instructions in this authorization are to be made only to the above specified account or individual(s). The undersigned agrees not to hold Summit Ridge Credit Union responsible for any charges incurred if the funds are not received or credited to specified accounts.

Account Holders Signature: _____ Date: _____

CREDIT UNION USE ONLY

Verified/Call Back _____ Balance Available _____ Time Rec'd _____ Time Wired _____ Completed by: _____
Wire Verified By _____ Date _____ Time _____ OFAC _____