Best Reward
FEDERAL CREDIT UNION

Wire Transfer Authorization Form

ORIGINATOR/SENDER INFORMATION

Member's Name: _____   Account w/ Trailer: _____

Date: _____   Address: _____

City, State, Zip: _____   Amount: $_____ ($15.00 Fee)

Purpose for Wire: _____

BENEFICIARY/RECIPIENT FINANCIAL INSTITUTION INFORMATION

Name of 1st Financial Institution: _____

ABA Routing #: _____

Address: _____   City, State, Zip: _____

Name of 2nd Financial Institution (If Applicable): _____

Account #: _____   Address: _____

City, State, Zip: _____

BENEFICIARY/RECIPIENT INFORMATION

Beneficiary's Name: _____   Account #: _____

Address: _____   City, State, Zip: _____

Account Type: ❑ Savings   ❑ Checking   ❑ Other

Special Instructions: _____

_____

_____

ORIGINATOR/SENDER AUTHORIZATION

The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect information provided. The undersigned releases Best Reward Federal Credit Union from all liability from any loss, unless the loss arises out of the credit union's failure to exercise ordinary care, act in good faith, or act in accordance with the instructions given pursuant to this Authorization. The credit union and other financial institutions may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. You authorize the credit union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. The credit union has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of funds.

Member's Signature: _____

Phone #: _____   Date: _____

INTERNAL USE ONLY

Teller's Name:_____   ❑ Walk-In   ❑ Fax or Email   Revised 03/24

❑ Funds Collected   ❑ Fee Collected   ❑ OFAC Verification

❑ Accounting   Date: Time: Employee's Name: