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Lynne Fritz, Manager Traci Smith, Assistant Manager

WIRE TRANSFER AUTHORIZATION

*MUST be returned along with legible copy of Driver's License

DATE: _____

WIRE TO:

BANK NAME: _____ PURPOSE OF WIRE: _____

STREET ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

PHONE#: _____ EXT: _____

BANK ABA/ROUTING# (9 DIGITS): _____ ACCOUNT# TO CREDIT TO: _____

NAME/TITLE ON ACCOUNT: _____

CREDIT TO STREET ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

FOR FURTHER CREDIT TO (IF APPLICABLE): _____

CREDIT TO STREET ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

DEBIT AUTHORIZATION:

SMCTFCU ACCOUNT# TO DEBIT: _____

NAME/TITLE ON ACCOUNT: _____

STREET ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

PHONE# TO CONTACT YOU REGARDING WIRE: _____ [] HOME [] CELL [] WORK

DOLLAR AMOUNT OF WIRE: \$ _____ FEE: \$35.00 TOTAL DEBIT FROM ACCT: \$ _____

MEMBER SIGNATURE: _____ DL#: _____

I hereby authorize Southern Middlesex County Teachers FCU to transfer funds by wire as indicated above. I understand that my account shown will be debited for the wire and any applicable fees. I agree to hold Southern Middlesex County Teachers FCU harmless if the funds are not received and credited due to incorrect or incomplete instructions or information.

IF YOU WISH TO AUTHORIZE SMCTFCU TO USE THIS COMPLETED AUTHORIZATION FOR FUTURE RECURRING WIRES RATHER THAN COMPLETING A NEW AUTHORIZATION FORM EACH TIME (AMOUNT MUST BE LESS THAN OR EQUAL TO \$10,000) CHOOSE A WIRE PASSCODE, SIGN AND DATE BELOW

WIRE PASSCODE: _____ X _____ DATE: _____
(Can be letters, numbers or both) Member Signature

Office Use

[] OFAC [] SENDER [] RECEIVER [] RECEIVING INSTITUTION
[] ACCOUNT DEBITED [] FEE CU EMPLOYEE INITIALS: _____ CU EMPLOYEE VERIFIED: _____