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Lynne Fritz, Manager Maria Paraiso, Assistant Manager George F. Towne, Treasurer

WIRE TRANSFER AUTHORIZATION

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

DATE: _____

WIRE TO:

BANK NAME: _____

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 amount of 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.

-----**Office Use**-----

OFAC SENDER RECEIVER

ACCOUNT DEBITED

CU EMPLOYEE INITIALS: _____