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Lynne Fritz, Manager Maria Paraiso, Assistant Manager

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: \_\_\_\_\_

CU EMPLOYEE VERIFIED: \_\_\_\_\_