

**RAPIDES GENERAL HOSPITAL EF CREDIT UNION
WESTERN UNION AUTHORIZATION FORM**

DEADLINE FOR SUBMISSION 3:30 P.M.

MEMBER NAME MEMBER # _____

AMOUNT _____
\$ _____.

ORIGINATOR FIRST NAME _____

ORIGINATOR LAST NAME _____

ORIGINATOR ADDRESS _____

ORIGINATOR PHONE# _____

RECIPIENT FIRST & MIDDLE NAME _____

RECIPIENT LAST NAME _____

TEST QUESTION (1) _____

TEST ANSWER (1) _____

PAYOUT LOCATION CITY _____

STATE _____

ORIGINATING INSTITUTION **CATALYST CORPORATE FEDERAL CREDIT UNION**

STATEMENT DESCRIPTION _____

I UNDERSTAND THERE IS A \$20 FEE FOR THIS SERVICE WHICH WILL BE DEDUCTED FROM MY ACCOUNT

MEMBER SIGNATURE _____

DATE _____

(1) For recipient to answer when picking up money at western union location (For security purposes)

FOR CREDIT UNION USE ONLY	
279 WT FOR AMOUNT OF WU	DONE BY EMP INITIALS _____
279 FY WU FEE \$20.00	DONE BY EMP INITIALS _____
Checked OFAC List - Sender and Receiver	Initials _____ Date _____