

**RAPIDES GENERAL HOSPITAL E F CREDIT UNION
WIRE TRANSFER AUTHORIZATION
FAX TO (318) 769-3982**

DEADLINE FOR SUBMISSION 3:00 P.M.

MEMBER CALLBACK PHONE# _____

MEMBER NAME MEMBER # _____

MEMBER ADDRESS _____

AMOUNT _____

RECEIVING BANK ABA # \$ _____ . _____

RECEIVING BANK NAME _____

BENEFICIARY ACCOUNT # _____

BENEFICIARY NAME _____

BENEFICIARY ADDRESS _____

INTERMEDIARY BANK ACCT# _____

(If needed)

INTERMEDIARY BANK NAME _____

(If needed)

BENEFICIARY REFERENCE # _____

(If needed by member)

MESSAGE _____

(If needed by member)

I understand there is a \$10.00 fee for this service which will be deducted from my account.

MEMBER SIGNATURE _____ DATE _____

FOR CREDIT UNION USE ONLY

279 WT FOR AMOUNT OF WIRE DONE BY EMP INITIALS _____

279 FY WT FEE \$10.00 DONE BY EMP INITIALS _____

Checked OFAC List - (Receiver and Sender) Initials ____ Date _____