

**C.U.P. FEDERAL CREDIT UNION  
MEMBER WIRE TRANSFER AGREEMENT**

**INSTRUCTIONS:** All lines must be completed.

1) Member's Name (please print): \_\_\_\_\_

Address \_\_\_\_\_

Social Security# \_\_\_\_\_ Driver's License# \_\_\_\_\_

2) Member's Account Number and Share type (funds withdrawn from):

# \_\_\_\_\_ S-Type \_\_\_\_\_

3) Telephone Number Member can be reached at: \_\_\_\_\_

4) Dollar amount to be sent: \$ \_\_\_\_\_

**5) RECEIVING BANK'S WIRING INSTRUCTIONS**

ABA-9 digit Routing Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6) Name on Account at Receiving Bank: \_\_\_\_\_

Address \_\_\_\_\_

7) Account Number at Receiving Bank: \_\_\_\_\_

8) Type of Account at Receiving bank (i.e. savings, checking) \_\_\_\_\_

I hereby authorize C.U.P. Federal Credit Union to transfer funds by wire as shown above. I understand that my account shown will be debited for the amount of the wire and any applicable fee. I agree to hold C.U.P. Federal Credit Union harmless if the funds are not received and credited due to incorrect information. I have read the C.U.P. Federal Credit Union funds transfer authorization.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification Method:

Dr License# \_\_\_\_\_ Signature \_\_\_\_\_ Person Known \_\_\_\_\_ S.S.# \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Call Back: Member's Phone # \_\_\_\_\_ Time: \_\_\_\_\_

Approved By: \_\_\_\_\_ Request Taken By: \_\_\_\_\_

Called CCCU \_\_\_\_\_ Operator \_\_\_\_\_  
Date and Time

**IMPORTANT: READ CAREFULLY BEFORE SIGNING**