P.O. Box 3181, Baytown, Texas 77522 • 1.800.238.3228 • www.crcu.org

# **Domestic Wire Form**

### Description:

 Form used to electronically transfer funds from CRCU to another domestic (US Region) financial institution

#### Instructions:

- Please fill out form completely and sign
- A Wire Transfer/ACH Origination Request Agreement must be signed if not previously signed and on file with credit union
- For "Further Credit To" field can be used to provide special instructions to the receiving institution. For example: Closing costs for James Smith Mortgage, 123456
- Fee is \$15.00
- Must be received by noon to be sent on the same business day
- Completed form may be mailed or brought in to any CRCU branch location

For questions, please call our Member Contact Center at 281.422.3611 or visit any CRCU branch location.



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# **Domestic Wire Transfer Request**

## **Member Information**

| Name:  | Account #:      |       |
|--|-----------------|-------|
| Address:                                     | Account Suffix: |       |
| City:  | Date of Birth:  |       |
| State:                                       | ID Number:      |       |
| Zip Code:                                    | ID Type:        |       |
| Contact Phone #                              | ID Expiration:  |       |
| Amount to be wired: \$                       |                 |       |
| Instructions for Wire Transfer of Funds:     |                 |       |
| Name of Bank to Receive Funds:               |                 |       |
| Receiving Bank ABA #:                        |                 |       |
| Name of Bank (for further credit to):        |                 |       |
| Bank ABA #:                                  |                 |       |
| Name of Person or Company to Receive funds:  |                 |       |
| Address of Person or Company Receiving Fund: |                 |       |
| Account #:                                   |                 |       |
| For Further Credit To:                       |                 |       |
| Member Authorization:                        |                 |       |
| Member Signature:                            |                 | Date: |