



# SUMMIT RIDGE CREDIT UNION

## OUTGOING WIRE TRANSFER FORM & AGREEMENT

3485 NE Ralph Powell Rd, Lee's Summit, MO 64064  
Phone: 816-272-6160 Fax: 816-272-6266 Website: www.mysrcu.com

PLEASE PRINT ALL INFORMATION IN INK, INITIAL ANY CHANGES

Please note, all requests for outgoing wires received after 12:00 pm deadline will be sent the next business day. Please call us after sending your fax to ensure we have received your instructions.

Wire Amount: \$ \_\_\_\_\_

Wire to Destination Financial Institution: \_\_\_\_\_ (Name)

Destination Financial Institution Routing #: \_\_\_\_\_

Address of Destination Financial Institution: \_\_\_\_\_

Beneficiary Financial Institution: \_\_\_\_\_ (Name)

Beneficiary Financial Institution Account #: \_\_\_\_\_

Beneficiary FI Address: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Beneficiary Account #: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

Originator SRCU Member Name: \_\_\_\_\_

Originator SRCU Member Account #: \_\_\_\_\_

Originator SRCU Member SSN#: \_\_\_\_\_

Originator SRCU Member Address: \_\_\_\_\_

Originator Home Phone: \_\_\_\_\_ Day/Business Phone: \_\_\_\_\_

Reference Information: \_\_\_\_\_

**Wire fee is \$15.00.** Funds will be withdrawn from the above SRCU account along with the applicable wire fee. It is understood that the funds transferred pursuant to my instructions in this authorization are to be made only to the above specified account or individual(s). The undersigned agrees not to hold Summit Ridge Credit Union responsible for any charges incurred if the funds are not received or credited to specified accounts.

Account Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CREDIT UNION USE ONLY

Verified/Call Back \_\_\_ Balance Available \_\_\_ Time Rec'd \_\_\_ Time Wired \_\_\_ Completed by: \_\_\_\_\_  
Wire Verified By \_\_\_ Date \_\_\_ Time \_\_\_ OFAC \_\_\_