

Wire Transfer Authorization and Agreement



Form Instructions:
1 — Complete all applicable areas on the form and sign and date in the signature area.

2 — Print and mail the completed form to:
Delta Community Credit Union,
ATTN: Please provide

Originator (Sender) Information

Name/Title of Account Account Number Type of Account

Street Address (No P.O. Boxes)

City State Zip Country

Telephone Number Wire Sent on Behalf of (if applicable)

Wire Transfer Currency Selections and Amounts

Domestic (includes US states and territories)

\$
US Dollar Amount

PLEASE NOTE THAT WIRES ARE SENT MONDAY-FRIDAY (EXCLUDING FEDERAL HOLIDAYS). DELTA COMMUNITY CREDIT UNION'S DOMESTIC WIRE TRANSFER CUTOFF IS 4:00 P.M. WIRES RECEIVED AFTER THIS CUTOFF TIME, OR ON SATURDAY, WILL BE PROCESSED THE FOLLOWING BUSINESS DAY.

US Dollar Amount Non Refundable \$20.00 Wire Fee

Beneficiary (Receiver) Information

Name Telephone Number

Street Address (No P.O. Boxes)

City State Zip Country

Account Number

Beneficiary Bank Information

Street Address

City State Zip Country

Bank Name Bank ABA/Routing Number



Intermediary Bank Information (if applicable)

Street Address

City

State

Zip

Country

Bank Name

Bank ABA/Routing Number

Signatures and Instructions: The undersigned for and on behalf of themselves and all account holder(s) request the Credit Union to provide the transfer request above pursuant to the terms and conditions applicable to wire transfers within the Member/Savings Services Disclosures and Agreements, including, but not limited to, Section 5 – ACH and Wire Transfer Disclosure, and with the Credit Union's applicable security procedures.

Authorized Signature and Date

2nd Authorized Signature and Date (if applicable)

