



# TAP·FCU

Texas Associations of Professionals  
Federal Credit Union

9110 IH 10 WEST, SUITE 100 • SAN ANTONIO, TEXAS 78230

PH (210) 593-3710 • FAX (210) 593-1222

WWW.TAPFCU.COOP

## WIRE TRANSFER REQUEST

DATE: \_\_\_\_\_

PLEASE WITHDRAW (TRANSFER) \$ \_\_\_\_\_ FROM MY TAP FCU

\*ACCOUNT NO. \_\_\_\_\_  SAVINGS  CHECKING ACCOUNT

### RECEIVING FINANCIAL INSTITUTION:

\*FINANCIAL INSTITUTION: \_\_\_\_\_

\*ROUTING & TRANSIT NUMBER: \_\_\_\_\_

### BENEFICIARY INFORMATION:

\*ACCOUNT NUMBER: \_\_\_\_\_

\*ACCOUNT NAME: \_\_\_\_\_

\*STREET ADDRESS: \_\_\_\_\_

\*CITY, STATE & ZIP CODE: \_\_\_\_\_

\*PURPOSE OF TRANSFER: \_\_\_\_\_

ADDITIONAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

The fee for the transaction request indicated above is \$ 20.00 Member Initials \_\_\_\_\_

\*INDICATES A REQUIRED FIELD

I hereby authorize TAP FCU to transfer funds by wire as shown above. I understand that the account shown will be debited for the amount of the wire *plus* any applicable fees. I agree to not hold the Credit Union liable if the funds are not received and credited due to incorrect or incomplete instructions or information.

\_\_\_\_\_  
AUTHORIZED MEMBER'S SIGNATURE

\_\_\_\_\_  
MEMBER'S PHONE NUMBER

**NOTE: WIRE TRANSFERS ARE IRREVOCABLE.  
MUST BE RECEIVED BEFORE 2:00 P.M. TO BE POSTED SAME DAY**

### -----FOR CREDIT UNION USE ONLY-----

VERIFIED: \_\_\_\_\_ SIGNATURE DL# \_\_\_\_\_

REQUEST RECEIVED BY: \_\_\_\_\_ WALK-IN \_\_\_\_\_ FAX \_\_\_\_\_ MAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_