



9110 IH 10 WEST, SUITE 100 • SAN ANTONIO, TEXAS 78230
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WWW.TAPFCU.COOP

WIRE TRANSFER REQUEST

DATE: _____

PLEASE WITHDRAW (TRANSFER) \$ _____ FROM MY TAP FCU *ACCOUNT NO. _____ <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING ACCOUNT
RECEIVING FINANCIAL INSTITUTION: *FINANCIAL INSTITUTION: _____ *ROUTING & TRANSIT NUMBER: _____
BENEFICIARY INFORMATION: *ACCOUNT NUMBER: _____ *ACCOUNT NAME: _____ *STREET ADDRESS: _____ *CITY, STATE & ZIP CODE: _____ ADDITIONAL INSTRUCTIONS: _____ _____ _____
The fee for the transaction request indicated above is \$ <u>20.00</u> 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 _____
STAFF INITIALS _____	DATE: _____ BEFORE / AFTER 2PM (CIRCLE ONE)