

# WIRE TRANSFER

Florida A&M University Federal Credit Union

1610 South Monroe Street, Tallahassee, FL 32301

Phone 850-222-4541 ▪ Fax 850-222-5401

FOREIGN WIRE MUST HAVE IBAN, SWIFT OR BIC CODE.

<b>MEMBER'S NAME:</b>		<b>ACCOUNT NUMBER/SUFFIX</b>
<b>ADDRESS</b>		
<b>CITY, STATE ZIP</b>		
<b>SENDER'S CONTACT PHONE NUMBER:</b>		
WORK _____ HOME _____		
<b>RECEIVER'S NAME:</b>		<b>ACCOUNT NUMBER</b>
<b>ATTENTION:</b>		<b>Contact Number:</b>
<b>RECEIVER'S ADDRESS</b>		
<b>CITY, STATE ZIP</b>		
<b>FINANCIAL INSTITUTION NAME</b>		
<b>LOCATION (CITY, STATE)</b>		
<b>ABA OR ROUTING NUMBER</b>		
<b>AMOUNT</b>		
( Numeric Amount )		( Written Amount )
<b>WIRE FEE</b>		
<b>FURTHER CREDIT TO:</b>		<b>ACCOUNT NUMBER</b>
<b>ADDRESS</b>		
<b>CITY, STATE ZIP</b>		
<b>CHECKING</b> _____	<b>SAVINGS</b> _____	
<b>LOAN</b> _____	<b>MORTGAGE</b> _____	
<p><b>I hereby authorize the Florida A&amp;M University Federal Credit Union to debit my account in the above-mentioned amount.</b></p>		
<b>SIGNATURE</b>		<b>DATE</b>

<b>Internal Use only</b>		Sent/Requested via: <input type="checkbox"/> Mail <input type="checkbox"/> Facsimile <input type="checkbox"/> In Person <input type="checkbox"/> Email	
_____	_____	_____	<input type="checkbox"/> Copy ID Attached
Received by	Date & Time Received	Verified Identification	
_____	_____	_____	_____
Date Received (Accounting)	Date Entered (Accounting)	Employee Signature (Accounting)	Verified by (Accounting)
_____	_____	_____	_____