

**New Century Federal Credit Union
Wire Transfer Authorization**

Date: _____

Account Number: _____

Amount: _____

ORIGINATOR

Member's Name: _____

Address: _____

Phone Number: _____

BENEFICIARY FINANCIAL INSTITUTION

Beneficiary's Financial Institution: _____

Address: _____

ABA/Routing #: _____

Further Credit: _____

Address: _____

Account Number: _____

BENEFICIARY

Beneficiary Name: _____

Beneficiary Address: _____

Account Number: _____

You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable fees.

Member Signature: _____ Date: _____

Internal Use Only

Request taken by: _____ Date: _____ Time: _____

OFAC Ran & Passed: Member _____ Financial Institution _____ Beneficiary _____

Entered Online: _____ Date: _____ Time: _____

Approved Online: _____ Date: _____ Time: _____

Confirmation Number: _____