

**SFPCU DOMESTIC WIRE
TRANSFER AUTHORIZATION**

SECTION 1:

MEMBER INFORMATION:

Name:

Street:

City/State:

Zip Code:

Account Number:

Day Phone:

Wire Amount:

\$ _____

Wire Fee: \$20.00

RESPONDENT BANK (*Bank of Final Deposit*): (if necessary)

Name:

ABA Routing Number:

RECEIVING BANK (*Bank of 1st Deposit*):

Name:

ABA Routing Number:

CREDIT TO THE ACCOUNT OF:

Name:

Account Number:

Street/City/State/Zip:

PURPOSE (REQUIRED): _____

ADDITIONAL INFORMATION:

MEMBER SIGNATURE: _____ **DATE:** _____

❖ All fields are required