

WIRE TRANSFER

Florida A&M University Federal Credit Union

1610 South Monroe Street, Tallahassee, FL 32301

Phone 850-222-4541 ■ Fax 850-222-5401

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

Internal Use only		Sent/Requested via: <input type="checkbox"/> Mail <input type="checkbox"/> Facsimile <input type="checkbox"/> In Person	
_____	_____	_____	_____
Date Received	Date Entered	Employee Signature	Verified by