



PO Box 16688 • Jacksonville, FL 32245
904.723.6300 • www.floridatelco.org

Wire Transfer Request

This form may be faxed to:
➔ 904.722.6645 ◀
A copy of your Driver's License or
State ID is Required

Transfer Date

Account Owner

Picture Identification/Driver's License Number

Account Owner Address (Required)

City State ZIP Contact Phone Number

_____	\$ _____
From Account Number	Amount
<input type="checkbox"/> Shares <input type="checkbox"/> Share Draft <input type="checkbox"/> Money Market <input type="checkbox"/> Other _____	

Payee's Financial Institution Information

Routing/Transit Number

Financial Institution's Name

City State Area Code & Phone Number

Payee's Information

Name on Account to which funds are to be credited

Payee's Account Number

Payee's Address

City ST ZIP

Further Credit to (if necessary)

Name

Account Number

You may identify the payee or any financial institution by name and by account number (or ABA routing number). The Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You agree to the established rules and procedures for wire transfers as set forth in your Membership and Account Agreement. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred plus a \$15.00 wire transfer fee.

X

Member Signature Date

Original signature required. Computer signature not accepted.

Credit Union Use Only		
_____	_____	_____
Date Rec'd	Time Rec'd	Processed by