



WIRE TRANSFER PAYMENT ORDER CONFIRMATION

PLEASE PRINT

ORIGINATOR/MEMBER INFORMATION

*Member name: (first) (last)
*Member address: (street) (city) (ST) (zip)
*Member account #: Account type:
Home phone #: Work phone #:
Cell phone: *Amount of transfer:

BENEFICIARY INFORMATION/FINAL CREDIT

*Name: (first) (last)
*Address: (street) (city) (ST) (zip)
*Account #: Account type:

FINANCIAL INSTITUTION INFORMATION

On-line: Payment is to be made to:

Name of financial institution:
Address:
City, State & Zip code:
Routing # (ABA): Phone#:

If not on-line: Further credit to:

*Name of financial institution:
*Address:
*City, State & Zip code:
*Routing # (ABA): Phone#:

Other special instructions:

Fee code: 1005 Fax number: (850) 469-0916 * MANDATORY FIELDS

I authorize the Credit Union to execute the payment order described previously and debit my account requested including applicable charges. I have read and understand the Member Funds Transfer Agreement and Notice.

member signature date

(Select one branch) East Main North Pace West
member picture ID # member SS # employee teller #
employee signature date/time received Updated 10/15/2010