



**Member Authorization for Wire Transfer (For quality purposes calls may be recorded)**

Requested: In person \_\_\_\_\_ By phone \_\_\_\_\_ By mail \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Domestic – U.S. 2:00 p.m. Cut off Time  
Fee for Bronze/Silver is \$25.00, Gold is \$20.00

\_\_\_\_\_ International 11:30 a.m. Cut off Time  
Fee for Bronze/Silver is \$40.00, Gold is \$35.00

**1. DATE AND AMOUNT OF WIRE**

\_\_\_\_\_ \$ \_\_\_\_\_  
Date to be wired Time Numeric Amount

Written Amount: \_\_\_\_\_

**2. MEMBER INFORMATION (Complete all sections)**

Member's Name (Sender) Account Number

Street Address (No P.O. Box) City State Zip

Home Phone Cell Phone Other

**3. DESTINATION OF FUNDS**

Receiving Financial Institution

Street Address (not required but preferred) City State/Province Zip/Postal Code Country

Receiving Financial Institution ABA#          (All 9 Digits Required)

IBAN/Swift Code/Sort Code: (for International only)               
All International Codes must be 11 characters. If the code is less than 11 characters place an X in the remaining boxes.

**FOR FURTHER CREDIT TO** (if a 2nd institution or company is used)

Name of Title or Investment Company or Financial Institution Account Number

Street Address (not required but preferred) City State/Province Zip/Postal Code Country

**FOR FINAL CREDIT (Receiving Party)**

Name on Account: Account Number Country

Street Address (not required but preferred) City State/Province Zip/Postal Code

**REFERENCE/SPECIAL INSTRUCTIONS**

\_\_\_\_\_

This agreement is subject to Federal Regulation J Subpart B and Article 4A of the Uniform Commercial Code-Fund Transfers as adopted in the state in which you have your account with us. If you originate a fund transfer for which Fedwire is used, and you identify by name and number a beneficiary financial institution, an intermediary financial institution or a beneficiary, we and every receiving or beneficiary financial institution may rely on the identifying number to make payment. We may rely on the number even if it identifies a financial institution, person or account other than the one named.

Please complete this form and fax to (410) 687-1322 along with a clear or picture quality copy of your government issued ID such as a driver's license. You will be contacted by LM Federal Credit Union to confirm this information.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

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For LMFCU Use Only

Request taken by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Member Account Number \_\_\_\_\_ ID used to verify member \_\_\_\_\_

Approval for all wire requests

\_\_\_\_\_  
(Signature of President or Vice President)