



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 _____

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)