

Sacred Heart Federal Credit Union
1206 N. Texana
Hallettsville, TX 77964
Phone (361)798-4361 Fax (361)798-4363

Wire Request Form

Date: _____ Time: _____

Name: _____ Acct # _____ Phone: _____
Address _____ City _____ Zip _____

Wire Amount: \$ _____ Fee: \$ _____ Purpose: _____

Name of Receiving Bank: _____

Routing/ABA: _____ Beneficiary Acct # _____

Beneficiary Name: _____

Beneficiary Address: _____ City _____ Zip _____

I authorize you to debit my account indicated above for the amount of the wire plus wire fee. I understand that if there is an inconsistency between name and the account number or the receiving financial institution and routing number, payment may be made on the basis of the account number or routing number, even if it identifies a person or financial institution different from the named beneficiary. Under no circumstances shall there be any obligation or liability on Sacred Heart Federal Credit Union to make refund or pay any damages in connection with this transaction. All risks being expressly by account holder.

Member Signature

Date

Financial use only:

Processed by: _____ Date _____ Time _____

Verified by: _____ Date _____ Time _____