

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: \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Wire Amount: \$ \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_

Name of Receiving Bank: \_\_\_\_\_

Routing/ABA: \_\_\_\_\_ Beneficiary Acct # \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Beneficiary Physical 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.

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\_\_\_\_\_

Member Signature

\_\_\_\_\_

Date

Financial use only:

Processed by: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Verified by: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_