

6980 S Holly Cir
Centennial, CO 80112
303-770-4468
www.metrumcu.org

Wire-Out Authorization Form

Member Information:

Member's Name: _____
Member's Physical Address: _____

Phone Number: _____
Account Number: _____ Suffix: _____
Amount: _____

Receiving Institution:

First Credit To: _____
(Financial Institution Name)
Routing # (ABA): _____
City and State of Financial Institution: _____

Further Credit To:

_____ (Corresponding FI, if applicable)
Routing # (ABA): _____

Beneficiary:

Final Credit To: _____
(Beneficiary Name)
Account Number: _____
Beneficiary's Physical Address: _____

Other Instructions: _____

I have received a written copy of and read the Wire Transfer Agreement and agree to its terms and conditions. (Deadline Domestic Wires: 3:00 p.m. International Wires 2:00 p.m.)

Signature of Member Initiating Wire: _____ **Date:** _____

Office Use Only:

CU Employee Initials (Verifying Member Info): _____
CU Employee Initials (Creating Wire on Premier View): _____
CU Employee Initials (Updating Wire – if applicable): _____
CU Employee Initials (Approving Wire): _____

Verified all senders:

- ✓ Pull sig card or check form of identification and verify signature: _____
- ✓ Ask for Code Word (if applicable) or challenge questions: _____
- ✓ Address or phone number has not been changed in the last 30 days: _____
(If either has been changed recently, contact a supervisor immediately)
- ✓ Amount over \$10,000, member completed wire in person: _____
- ✓ Not In Person, Call Back : _____
- ✓ OFAC Check Completed: _____
- ✓ Wire Transfer Log updated: _____