



**Southwest Financial**

Credit Union Use Only		
Name	_____	
Member Number	_____	Date _____

## OUTGOING WIRE TRANSFER - DOMESTIC

For same day processing, requests must be received before 2:30 p.m. CST  
Please complete all fields.

### Member Information

Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

Amount \_\_\_\_\_ Fee \$15.00 Total Amount \_\_\_\_\_ Transfer Date \_\_\_\_\_

Withdraw from  Savings  Checking Purpose of Payment \_\_\_\_\_

### Beneficiary Financial Institution

Receiving Bank/CU Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Receiving Bank/CU WIRING ABA/Routing Number \_\_\_\_\_

IMPORTANT - This number may not be the same as the ABA/Routing number for your checking account. Please contact the receiving bank to verify the WIRING ABA/Routing Number.

### Credit To

Receiving Account Holder Name \_\_\_\_\_ Receiving Account Number \_\_\_\_\_

Receiving Account Holder Address (Street, City, State, ZIP) \_\_\_\_\_

### For Further Credit To (Third Party/Investments/Final Credit)

Receiving Account Holder Name \_\_\_\_\_ Receiving Account Number \_\_\_\_\_

Receiving Account Holder Address (Street, City, State, ZIP) \_\_\_\_\_

Special Instructions or Additional Information \_\_\_\_\_

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

Credit Union Use Only		
Date	Time	By
WT Fee	MW-Amount	
Call Back Verification		
By	Number	Contact
Required	Random	