



AUBURN UNIVERSITY CREDIT UNION  
 Post Office Box 1610  
 Auburn, AL 36831-1610  
 (334) 844-4120 (334) 844-4162 - Fax  
 memberservices@aufcu.org

**DOMESTIC WIRE (CUTOFF TIME - 3:30PM CST)**

**Wire Information**

Process Date: \_\_\_\_\_ AUCU Member: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Wire Amount: \$ \_\_\_\_\_

**Destination Financial Institution (FI)**

ABA Routing #: \_\_\_\_\_  
 FI Name: \_\_\_\_\_

**Intermediary Financial Institution:**

ABA Routing #: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Beneficiary Financial Institution:**

ABA Routing #: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Beneficiary (Required): [FINAL RECIPIENT]**

DDA Account #: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Originator (Required): [AUCU Member]**

AUCU Account #: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Originator to Beneficiary Info:** \_\_\_\_\_

I authorize the Auburn University Credit Union to make the following wire transfer. By signing, I also agree to the \$12.00 wire out fee. (I understand if this wire is rejected and returned to Auburn University Credit Union due to incorrect information I provided there will be a fee of \$5.00 deducted from my account).

Drivers License #: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

\_\_\_\_\_  
 Member's Signature Date

**For Credit Union Use Only**

ID Verified By: \_\_\_\_\_ Keyed By: \_\_\_\_\_ Released By: \_\_\_\_\_