



AUBURN UNIVERSITY CREDIT UNION
 Post Office Box 1610
 Auburn, AL 36831-1610
 (334) 844-4120 (334) 844-4162 - Fax
 eservices@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 \$15.00 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: _____