Print

La Loma
Federal Credit Union

P.O. Box 906
Loma Linda, Ca 92354
Phone:(909)796-0206
Fax: (909)796-2233

Funds Transfer Payment Order

Account Number _____

Member Name

Address (No P.O. Box)

Phone Number _____

Payment Transfer Execution Date

Payment Transfer Amount

Wire Transfer Fee _____

Receiving Bank:

Name

Address (No P.O. Box)

City, State, Zip _____

Routing or Swift Code (International) _____

Respondent:

Name _____

Address (No P.O. Box)

City, State, Zip _____

Routing or Account Number _____

Beneficiary:

Name

Address (No P.O. Box)

City, State, Zip

_____

Purpose for Transfer: _____

Special Instructions: _____

_____

I hereby authorize La Loma Federal Credit Union to transfer funds by wire as shown above. I understand that my account shown above will be debited for the amount of the wire and any applicable fees. I agree to hold La Loma Federal Credit Union harmless if the funds are not received and credited due to incorrect information. I have read the La Loma Federal Credit Union funds tranfer authorization printed on the back of this agreement.

Requester Signature:_____ **Date:**_____

Credit Union Use Only

Sent by:_____ Ref #:_____ Verified by:_____