



## Outgoing Wire Transfer-Domestic

Please complete this form, print and return to our Medford or Abbotsford office. Wires received after 3:30 pm cst will be sent next business day.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Fee Amount: \_\_\_\_\_ Teller #: \_\_\_\_\_ \$ Amount: \_\_\_\_\_

Receiving Financial: \_\_\_\_\_ Receiving ABA #: \_\_\_\_\_  
Address: \_\_\_\_\_

Branch Name: \_\_\_\_\_ Branch ABA #: \_\_\_\_\_  
Address: \_\_\_\_\_

Recipient's Name: \_\_\_\_\_ Recipient's Acct #: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
Address: \_\_\_\_\_

Sender's Name: \_\_\_\_\_ Sender's Acct #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

By signing this form, I certify that all above information is complete, true, and correct. I/We authorize Taylor Credit Union to transfer funds as described herein and debit my account in the amount transferred plus the Wire Transfer Fee disclosed in the current "Service Fee Schedule." I/We further agree to the "Wire Transfer Agreement and Disclosure" that I/We received a copy of. I/We understand if the wire transfer request does not comply with Taylor Credit Union's procedures or exceeds the available collected balance of funds on deposit in the account, Taylor Credit Union may cancel the transaction without notice to me or liability to Taylor Credit Union.

Sender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions please contact a team member at 715-748-2447.