

DOMESTIC WIRE INSTRUCTIONS (Daily Cutoff Time 3:30pm CDT)

Receiving Financial Institution Information (please print):				Date:
Wire Amount:	\$			
Routing Number:				
FI Name:				
FI Address:				
11 Address.	(Street)		(City, ST ZIF	2)
BVSCU Member Information (plea	use print):			
BVSCU Acct No		Acct Type: □savings	□2nd savings □check	king □money market □other:
First & Last Name:				
	(First Name)		(Last Name)	
Address:	(Street)		(City, ST ZIP	2)
Beneficiary Information (please pr	int):			
Beneficiary Acct No:				
Beneficiary Name:				
Beneficiary Address:				
D.,,,,,	(Street)		(City, ST ZIP	
Future Credit 10 (if needed):	Name.		Acci No	
I do, hereby, authorize Brazos Valley Sthere will be a credit union fee of \$10.0 applied. These fees may be subtracted from order identifies an intermediate financial beneficiary financial institution may reintermediate financial institution, personate receiving or beneficiary financial institution or person.	00 for domestic wires. *(A the wire amount and the cre- al institution, beneficiary ely upon the identifying nu- on or account different tha	additional processing fees from inditional processing fees from inditional assumes no liability for financial institution or benefitable rather than the name to the financial institution or	intermediary and/or thing any of these fees.) Ideficiary by name and to make payment, even beneficiary identifie	rd party financial institutions may be entifying Number: If your payment number, we and every receiving or en if the number identifies an d by name. Neither we nor any
Signature	Phone	Number (8am-5pm)	Wire C	ode (if applicable)
	FOF	R OFFICE USE ONLY		
Receiving Employee:				Teller#:
Date: Ti				Dollar Amt: \$
Received by: ☐ In person ☐ Fa	x 🗆 Email	Verified by:		