



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

Receiving Financial Institution Information (please print):

Date: _____

Wire Amount: \$ _____

Routing Number: _____

FI Name: _____

FI Address: _____
(Street) (City, ST ZIP)

BVSCU Member Information (please print):

BVSCU Acct No _____ Acct Type: ☐savings ☐2nd savings ☐checking ☐money market ☐other: _____

First & Last Name: _____
(First Name) (Last Name)

Address: _____
(Street) (City, ST ZIP)

Beneficiary Information (please print):

Beneficiary Acct No: _____

Beneficiary Name: _____

Beneficiary Address: _____
(Street) (City, ST ZIP)

Purpose of Payment (required): _____

Further Credit To (if needed): Name: _____ Acct No: _____

I do, hereby, authorize Brazos Valley Schools Credit Union to wire funds out of my account using the information I provided above. I understand there will be a credit union fee of **\$20.00** for domestic wires. *(Additional processing fees from intermediary and/or third party financial institutions may be applied. These fees may be subtracted from the wire amount and the credit union assumes no liability for any of these fees.) Identifying Number: If your payment order identifies an intermediate financial institution, beneficiary financial institution or beneficiary by name and number, we and every receiving or beneficiary financial institution may rely upon the identifying number rather than the name to make payment, even if the number identifies an intermediate financial institution, person or account different than the financial institution or beneficiary identified by name. Neither we nor any receiving or beneficiary financial institution have any responsibility to determine whether the name and identifying number refer to the same institution or person.

Signature _____

Phone Number (8am-5pm) _____

Wire Code (if applicable) _____

Original signatures only, Digital signatures are not permitted.

Form can be emailed to wires@bvscu.org.

FOR OFFICE USE ONLY

Receiving Employee: _____ Verified By: _____

Date: _____ Time: _____ Dollar Amt: \$ _____

Received by: ☐ In person ☐ Fax ☐ Email

OFAC Check Completed by: _____