

## Wire Transfer Recurring Request Form

1. An executed Wire Transfer Request Form indicating recurring wire authorization must be on file prior to initiating a recurring wire transfer.
2. This funds transfer is subject to the terms and conditions of the Wire Transfer Request Form.
3. Wire requests must be received by 12:00 p.m. EST in order to be processed the same day.
4. Wire requests may be faxed to (540) 378-8952.

### RECURRING WIRE INFORMATION

Member Name: \_\_\_\_\_

Last Four Digits of Account Number: \_\_\_\_\_

Wire Transfer Amount: \_\_\_\_\_

Wire PIN: \_\_\_\_\_

Wire Code: \_\_\_\_\_

You agree that any and all of the Credit Union's security procedures (including, but not limited to: photo ID requirements, signature and data/password verification, use of a personal identification number, callback procedures, etc.) may be used to verify identification, and You agree to comply with all such procedures.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SECURITY PRECAUTIONS

We're committed to helping you protect your personal and account information so please review these important safety tips:

1. Safeguard your wire PIN and code at all times.
2. Do not send form via e-mail. Internet e-mail is NOT secure. The only secure way to send a message to the Credit union is through the secure messaging option inside Online Banking.
3. For more safety precautions, please visit the security page on our website.

### REVOCAION OF RECURRING WIRE

Subject to the Terms and Conditions of this Recurring Wire Transfer Form, I hereby REVOKE the above recurring wire authorization originally authorized to be sent to the below account:

ABA 9-Digit Routing Number/Swift Code: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Beneficiary Account Number: \_\_\_\_\_

Beneficiary Account Name: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Teller Use Only</b>	Branch: _____	Teller #: _____	Date: _____	Photo ID # _____	Exp: _____
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