

Recurring Wires



Preauthorization for Wire Transfer

Effective: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Code ... (Authorized by Member) _____

I hereby authorize Launch Federal Credit Union to charge my account _____ in the name(s) of _____ for wire transfers via telephone or through correspondence.

CONDITIONS:

1. If funds are not available in my account at the time of the transfer, the wire transfer will not be made.
2. The credit union will mail a copy of the debit advice when my account is charged for the wire transfer, including the fee.
3. The credit union cannot guarantee that the wire transfer will be made the same working day unless it is authorized prior to 1:45 p.m. Monday - Friday.
4. It is understood that without any assigned preauthorization code, I will not be able to transact wire transfers in my absence.
5. Due to any out-of-the-ordinary circumstances, this preauthorized wire transfer form can be voided by the credit union without prior notice to me.
6. Foreign wires require a call back to read Foreign Wire Disclosures before submitting.

Wire Information

Domestic \$25 Fee

Foreign \$50 Fee

Routing Number: _____

Transfer To/From: _____
Institution Name

*Address: _____

Further Credit To/From: _____ Account #: _____
Institution Name

*Address: _____

Pay to the order of: _____ Credit Account: _____

*Address: _____

Special Instructions: _____

I understand that Launch Federal Credit Union is not responsible for delays or losses which occur as a result of any other party's involvement in processing this transfer. Further, I agree that this wire transfer is irreversible and Launch Federal Credit Union's responsibility is to exercise ordinary care in processing this transaction.

If you give Launch Federal Credit Union a payment order which identifies the beneficiary (recipient of the funds) by both name and account number, payment may be made by the beneficiary's bank on the basis of the bank account number, even if the number identifies a person different than the named beneficiary

Member Signature: _____ ID: _____

Joint Signature: _____ Date: _____

Notary Signature: _____ Stamp: _____

Notary required if not signed in the presence of a Launch FCU Representative.

Branch: _____ Employee Signature: _____