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## WIRE TRANSFER AUTHORTZATTON

NAME (ORIGINATOR):  MEMBER COMPLETE ADDRESS (Originator):		
AMOUNT OF WIRES:	:J Savings	
FINANCIAL INSTITUTION RECEIVING WIRE: Routing (Transit) Number:	•	
LACCOUNT NAME FOR CREDIT:		
Street Address:		
City:	State:	Zip:
Account Number:		
ACCOUNT NAME FOR FINAL CREDIT ( IF A)	PPLICABLE):	
Street Address:		
City:	State:	Zip:
Account Number:		
I therefore authorize CFCU to wire transfer the armo election of account is made. (funds from sometimes and individuals to serve as agent for purpose	mount and the assessment of avings will be attempted f ses of conducting transit, or a new agreement i	ervice as described in the current CFCU Fee Schedule. the applicable fee from account as indicated above (if irst). If business account. I authorize the following fers on my behalf. The agent shall remain as completed. Authorized persons may not amend agreement and Notice enclosed with this form:  Date: