

**HI-LAND CREDIT UNION
WIRE TRANSFER AUTHORIZATION**

FROM: Name & Address of Originator _____

Daytime Phone _____

Originator Account Number _____

ID of Originator Verified by _____

Date Money to be Wired _____

Dollar Amount to be Wired _____

FEE \$10.00

Total Charge to Originator _____

TO: Depository Bank Name _____

Routing # of Depository Bank _____

Name & Address of Beneficiary _____

Account # of Beneficiary _____

Special Instructions (If any) _____

Authorized Signature _____

Code Word _____

Date _____

ALL LINES MUST BE COMPLETED Employee Initials _____