

**Wire Transfer Agreement
International and Domestic**

Type of Wire Transfer: International Domestic Request Date: ___ / ___ / _____

Wire Transfer Amount (US dollars): \$ _____ Wire Fee: \$ _____

Member Information (Originator)

Account Number: _____ Checking Savings

Name: _____

Physical Address (not P.O. Box): _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-mail address: _____

Member Reference: _____

Purpose of Wire: *Check applicable box*

<input type="checkbox"/>	Purchase of Goods	<input type="checkbox"/>	Loan Pymt or Deposit	<input type="checkbox"/>	Purchase of Property/R.E.	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Purchase of Services	<input type="checkbox"/>	Bill Payment	<input type="checkbox"/>	Government Related Pymt	<input type="checkbox"/>	
<input type="checkbox"/>	Professional Fees Pymt	<input type="checkbox"/>	Charitable Contribution	<input type="checkbox"/>	Investment Related Pymt	<input type="checkbox"/>	

Beneficiary Information (Person receiving wire)

Beneficiary Name: _____

Account Number: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____ Country: _____

E-mail address: _____

Beneficiary Reference: _____

Beneficiary Financial Institution Information (Financial Institution for final credit to beneficiary)

ABA/Routing: _____ SWIFT/BIC (Int'l): _____

Financial Institution Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Intermediary Financial Institution Information

(Complete this section only if the first bank to receive wire is different from beneficiary financial institution listed above)

ABA/Routing: _____ SWIFT/BIC (Int'l): _____

Financial Institution Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____ Country: _____

I hereby authorize Mississippi Federal Credit Union to transfer funds by wire as shown above. I understand that my account will be debited for the amount of the wire and any applicable fees. I agree to hold Mississippi Federal Credit Union harmless if the funds are not received and credited due to incomplete or inaccurate information.

Member Signature _____

Date _____

Please Note: Requests processed after 2 p.m. CST will post on the next business day.

Mississippi Federal Credit Union Use Only:

Intake/Received by: _____ Teller #: _____ Date: _____

Processed by: _____ Teller #: _____ Date: _____

Approved by: _____ Teller #: _____ Date: _____