



Outgoing Domestic Wire Transfer Form

Please Note: For fast and accurate processing, please type your information using the form fields. A hand-written form may cause delays in processing.

Date:	Employee:	Teller #	Ext:
Approved by: (Print Name)	Signature:	Teller #	Ext:

The undersigned originator requests payment to be made to the recipient or account number named below. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of the institution named above is to exercise ordinary care in processing this wire transfer and that it is not responsible for any losses or delays which may occur as a result of any other party's involvement in processing this transfer.

***ALL FIELDS ARE REQUIRED**

Member Name: _____	Day Time Phone #: _____
Street Address: _____	City, State, Zip: _____
Account Number: _____	Account Type (i.e. S1, S5): _____
Wire Amount: _____	+ Wire Fee: \$15.00 = Total Debit: _____

Receiving Financial Institution: _____	City, State: _____
ABA (or Routing/Transit) #: _____	Branch: _____

(Must be 9 digits and online with the Federal Reserve Bank)

Further Credit to: _____ **ABA or Acct Number:** _____

Final Recipient Credit to: _____	Acct Number: _____
Street Address: _____	City, State, Zip: _____

Special Instructions: _____

I authorize Amplify Federal Credit Union to debit my account, referenced above, for the Total Amount indicated for this Wire Transfer and agree it is accurate.

Member's Signature (Please note: For your security, we require a signature for all outgoing wire transfers)	Date
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Wire cut-off time is 4:00 P.M. Central. Submit this form in person at one of our convenient branch locations, or fax to (512) 491-1018.

Accounting Use Only:

_____	_____
Placed By	Verified