

## Domestic Wire Transfer Cut off Time is 4:00 PM Central

If completed online, please print, sign and fax to: Houston: 713-681-2114 Stephenville: 254-968-4687

Time:	Date:	Phone  Fax In Perso	n 🔲 Loan Proceed 🔲 Inv	vestments
	Originator's Name :			
	Physical Address			
	City	State Zip Code		
	MTFCU Account #		Wire Amount :	
	@ Receiver FI ABA :			
	@ Receiver FI Name :			
	Originators Account Number :			
	@ Originator First & Last Name :			
	@ Originator Street Address :			
	@ Originator City, ST & Zip :			
	Beneficiary Acct Number :			
	@ Beneficiary Name :			
	@ Beneficiary Address :			
	@ Beneficiary City, ST & Zip :			
	Purpose of Payment: (Max 50 Characters)			
	Further Credit to:			
	Additional Information			
	Corelation Trans. Completed:		Entered on SWC Tranzact By	;
	OFAC:		SWC Second Verified By:	
	SW / Member Acct # (Wire Amou	int)		
	GL 745011 Ref Memb #/Name SW / Member Acc # ( Fee) GL 131000 \$20 US Domestic / \$60 International		Member Signature Field	
			_	
			I have verified the information have verified it as accurate.	on contained in this request and
	Outgoing wires phoned in / recvd by other electronic means over \$5000 verified with member			

Date:\_\_\_\_\_ Time: \_\_\_\_\_ Employee Initials : \_\_\_\_\_