



INTREPID CREDIT UNION AUTHORIZATION FOR WIRING

FAX TO: (406) 495-9262 FROM: _____ x: _____

I/we _____ authorize Intrepid Credit Union to complete the following wire. The fee for wiring funds within the United States is \$20. The fee for an international wire is \$35.00 and up. The fee for a returned wire (incorrect wiring information) is \$6.00.

Signature of Person Requesting Wire Date

Amount: \$ _____ Member No.: _____ sub _____

Originator Information:

Member Name: _____ Telephone No.: _____
Address: _____ City/State/Zip: _____
Social Security or EIN Number of originator: _____
ID Presented (type and number): _____
Other Payment Instructions from Originator: _____

Receiving Institution or Intermediary:

Bank Name: _____ Phone No: _____
City and State: _____
ABA (RTG) No: _____

Secondary Institution of Deposit (may not be needed):

Branch Name: _____
City and State: _____
ABA/Account Number: _____

Final Beneficiary Information:

Beneficiary's Name: _____
Address: _____
City and State: _____
Account Number: _____
Social Security Number: _____
Special Instructions: _____

For Front Office Use Only:

Information Received by: _____ Date _____

For Back Office Use Only:

Wire Completed by: _____ Date _____

OFAC checked Originator: _____ Beneficiary: _____ Verification No: ____-_____