

Consumer Wire Transfer Recurring Request Form

1. An executed Wire Transfer Request Form indicating recurring wire authorization must be on file prior to initiating a recurring wire transfer.
2. This funds transfer is subject to the terms and conditions of the Wire Transfer Request Form.
3. Wire requests must be received by 12:00 p.m. EST in order to be processed the same day.
4. Wire requests may be faxed to (540) 378-8952.

RECURRING WIRE INFORMATION

Member Name: _____

Last Four Digits of Account Number: _____

Wire Transfer Amount: _____

Wire PIN: _____

Wire Code: _____

You agree that any and all of the Credit Union's security procedures (including, but not limited to: photo ID requirements, signature and data/password verification, use of a personal identification number, callback procedures, etc.) may be used to verify identification, and You agree to comply with all such procedures.

Member Signature: _____

Date: _____

SECURITY PRECAUTIONS

We're committed to helping you protect your personal and account information so please review this important safety tips:

1. Safeguard your wire PIN and code at all times.
2. Do not send form via e-mail. Internet e-mail is NOT secure. The only secure way to send a message to the Credit union is through the secure messaging option inside Online Banking.
3. For more safety precautions, please visit the security page on our website.

REVOCAION OF RECURRING WIRE

Subject to the Terms and Conditions of this Recurring Wire Transfer Form, I hereby REVOKE the above recurring wire authorization originally authorized to be sent to the below account:

ABA 9-Digit Routing Number/Swift Code: _____

Institution Name: _____

Beneficiary Account Number: _____

Beneficiary Account Name: _____

Member Signature: _____

Date: _____

Teller Use Only	Branch: _____	Teller #: _____	Date: _____	Photo ID # _____	Exp: _____
-----------------	---------------	-----------------	-------------	------------------	------------