LMFCU
Louisville Medical Federal Credit Union
we're here - for those in healthcare

Wire Out Transfer Authorization

Please transfer the following amount from my Credit Union Account to the Receiving Institution and Beneficiary as indicated below. I understand transfer amounts cannot exceed my available account balance. Transfer times cannot be guaranteed. For the best chance of same day credit, the transfer should be initiated before 12:00 NOON.

Wire Out Transfer Amount: $ _____

This amount, plus the transfer fee, will be debited from your account the day of the transfer.

TRANSFER FEES:
Domestic: $15.00
International: Varies
please inquire

When this wire transfer has been approved and processed, the transactions will show on your next statement.

Your Credit Union Account Information

Your Name: _____ Daytime Phone: _____

Account To Transfer From: _____ ❏ Checking ❏ Savings

Address: _____

City: _____ State: _____ Zip: _____

Your E-Mail Address: _____

I hereby hereby request and authorize the above transfer.

Member's Signature: _____ Date: _____

Signature is required for all transfers over $500 or any transfer to an account in a name other than the name of the member.

Transfer To (Recieving Instituion)

Bank Name: _____

ABA Number (Transit/Routing): _____

Address: _____

Beneficiary Name _____

Address: _____

Account Number: _____ ❏ Checking ❏ Savings

OTHER INFORMATION

LMedFCU.org

234 E. Gray St., Suite 130
Louisville, Ky 40202

502.629.3716
FAX: 502.629.3715

For Credit Union Use Only

Date & Time Entered: _____ Wired to Corporate By: _____

Verification #: _____

Verified by: _____
DATE AND TIME

Your savings federally insured to at least $250,000 and backed by the full faith and credit of the United States Government
NCUA
National Credit Union Administration, a U.S. Government Agency

Outgoing Wire Transfer. Desc: Wire Out Member Name .