

Authorization to Wire Transfer Funds

Send via fax to 202-673-3508 or email at info@dgefco.org

To: District Government Employees Federal Credit Union

From: _____
Member Name

Member Account Number

Member Address

Date: _____

This form is to serve as authorization to release funds in the amount of _____ Dollars (\$ _____ U.S. Funds.) I understand that a Wire Transfer Fee of \$20 for domestic transfers (or \$45 for international transfers) applies and will be charged to my account.

Please wire US. Funds from my account to the following recipient:

Bank Name _____ *If applicable, For Further Credit to:*
Bank Location _____ *Bank Name* _____
Routing/ABA Number _____ *Routing/ABA Number* _____

For Final Credit to:

Account Name _____
Address (not P.O. Box) _____
Reference (if needed) _____

I understand that DGEFCU cannot be held accountable for the delay in this wire transfer transaction.

Member Signature

Contact Number

DGEFCU Sending Teller: _____

Time Sent: _____

Mid-Atlantic Operator: _____

Verification Number: _____

DGEFCU Confirming Teller: _____

Time Confirmed: _____