

WIRE TRANSFERS - OUTGOING



If you have questions, please call: 937-643-2160 or 888-329-2472. You may fax this request to: 937-643-3870. You may also email your question to: mail@dayair.org.

Attachment C

RECURRING DOMESTIC WIRE TRANSFER REQUEST

Date: _____

****REQUIRED FIELDS**

MEMBER INFORMATION: In person _____ Fax _____ Telephone _____ Call back by _____

Member Name: ** _____ Address: ** _____
City: ** _____ State: ** _____ Zip: ** _____
Amount of Wire Transfer: \$ _____ Day Air account # _____
Amount of Fee: USA (\$15.00) \$ 15.00 Phone #: ** _____
Total Amount to be Debited: \$ _____ Purpose of Wire: ** _____
Code Word: _____ Verified by: _____

WIRE TRANSFER INSTRUCTIONS: Verify numbers with Members to insure legible and accurate information.

WIRE TO: Financial Institution Name: ** _____
Financial Institution Address: ** _____
City, State, Zip Code: ** _____
Financial Institution ABA/Routing No: ** _____
Financial Institution Phone Number: _____

CREDIT TO: Name or Financial Institution: ** _____
Account Number: ** _____
Additional Info: _____

FURTHER CREDIT TO: Name: _____ Account Number: _____

MEMBER SIGNATURE AND AUTHORIZATION

I authorize Day Air Credit Union, Inc. to transfer the amount (Total Amount to be Debited) from my designated account based on the Wire Transfer Instructions I have dictated above. This is a recurring wire transfer and I understand that any changes in routing number, account numbers, and addresses will be my responsibility to notify Day Air Credit union, and I hereby certify the above information is accurate. I understand that Day Air Credit Union will honor all recurring wire transfer requests via phone to the financial institution above until revoked in writing by myself. I understand Day Air is not responsible for any monetary loss that I may incur with regard to this wire transfer due to inaccurate information. I further understand wire transfer requests submitted to Day Air Credit Union after 1pm may be processed on the next business day.

Signature of Member ** _____ Date** _____
(Verified signature Teller # _____) Keyed by: _____ Transmitted by: _____ Time: _____
Manager Approval: _____ Know your member questions: _____

If you have questions, please call: 937-643-2160 or 888-329-2472. You may fax this request to: 937-643-3870. You may also email your question to: mail@dayair.org.