



3202 SOUTH INDIANA AVE • JOPLIN, MO 64804 • 417.659.6013 • 417.659.8731 FAX • WWW.YOURLCU.COM

**LEGACY CREDIT UNION
AUTHORIZATION AGREEMENT FOR WIRE TRANSFERS**

I (We) hereby authorize LEGACY CREDIT UNION to wire funds to the below listed financial institution.

Wire to:
Name _____
City _____
Transit/ABA No. _____

Credit to:
Name _____
City _____
Account No. _____

Final Credit to:
Name _____
Account No. _____

Make transaction on the specified day or the following workday if these days are non-business days:

Date:

Amount:

Name _____ CU Acct No. _____

Name _____ CU Acct No. _____

Date _____ Signed _____

Date _____ Signed _____

PLEASE INCLUDE WIRE INSTRUCTIONS FROM RECEIVING BANK.