



P.O. Box 906
Loma Linda, CA 92354
Ph. (909) 796-0206
Fax (909) 796-2233

Funds Transfer Payment Order

Account Number _____
Member Name _____
Address (No P.O. Box) _____

Phone Number _____

Payment Transfer Execution Date _____

Payment Transfer Amount _____

Wire Transfer Fee _____

Receiving Bank:

Name _____

Address (No P.O. Box) _____

City, State _____

Routing # _____

Swift Code (International Wires) _____

Respondent:

Name _____

Address (No P.O. Box) _____

City, State _____

Rt/Acct # _____

Beneficiary:

Name _____

Address (No P.O. Box) _____

City, State _____

Account # _____

Purpose For Wire: _____

Special Instructions: _____

I hereby authorize La Loma Federal Credit Union to transfer funds by wire as shown above. I understand that my account shown above will be debited for the amount of the wire and any applicable fees. I agree to hold La Loma Federal Credit Union harmless if the funds are not received and credited due to incorrect information. I have read the La Loma Federal Credit Union funds transfer authorization printed on the back of this agreement.

Requester Signature: _____ Date : _____

Credit Union Use Only

Sent by: _____ Ref # _____ Verified by: _____