

PORT TERMINAL FEDERAL CREDIT UNION
WIRE TRANSFER REQUEST

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME PHONE # _____

TRANSFER AMOUNT \$ _____

ACCOUNT # _____

PERSONS INFORMATION MONEY IS BEING WIRED TO:

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

ACCOUNT # _____

INFORMATION ON BANK THE MONEY IS BEING WIRED TO:

NAME OF FINANCIAL INSTITUTION _____

ADDRESS _____

CITY, STATE,
ZIP _____

ABA ROUTING/TRANSIT # _____

SPECIAL INSTRUCTIONS _____

You may identify the payee or any financial institution by name and by account number or ABA routing number. The Credit Union and other institutions may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus a \$15.00 wire fee.

X

Signature

Date

WIRE INSTRUCTIONS:

CATALYST CORPORATE FCU
6801 PARKWOOD BLVD
PLANO, TX 75024

ROUTING # 311990511

PORT TERMINAL FCU
8934 MANCHESTER ST
SUITE 215
HOUSTON, TX 77012
ACCT# 313084412

FOR FINAL CREDIT TO:

MEMBER NAME
MEMBER ACCT#