

Outgoing Wire Authorization

Date of Request ____ / ____ / ____

Type of Request ___ USA (\$25 processing fee)

___ International (\$50 processing fee) Country _____

Member Name _____

Member Complete Address _____

Member Contact Phone Number _____

This authorizes L'Oreal USA Federal Credit Union to debit my account:

Amount in US Dollars _____
From Member Number _____

Wire Funds To:

Bank Name: _____
Complete Bank Address: _____

9 Digit ABA / Routing # _____ (USA Wires)

International Wires Only:

Swift code / BIN # _____
IBAN # _____

Beneficiary:

Account Number _____
Full Account Name _____
Beneficiaries Full Address _____

Reason for wire transfer _____
By signing below, I acknowledge that L'Oreal USA Federal Credit Union is relying on the information I provided above and therefore, I will not hold them responsible for errors or delays occurred in wiring due to misinformation or insufficient information.

Authorized Signature: Members Signature _____

For Credit Union Use:

Time Processed _____ Initiating Agent _____

Verified By _____