MISSISSIPPI TELCO
Federal Credit Union

Wire Transfer Request
fax to (601) 664 – 1658
Attention: TELLERS

* To ensure same day processing, all wire instructions must be received by 11:00 a.m.
* The Credit Union must be notified of any discrepancies within 30 days of the transaction date.

Transaction Amount   U.S.:$_____   Date:_____

Written Amount (U.S. Dollars):_____

Receiving Bank Information
Receiving Bank: _____ABA/Routing No.: _____
City/State/Zip: _____
Intermediate Bank: _____ABA/Routing No.: _____
City/State/Zip: _____
Bank-to-Bank Information: _____

Originator Information (telco member)
Name: _____Member Account #: _____Share Type: (01,75, __)
Address: _____City/State/Zip: _____
Originator-to-Beneficiary Information: _____

Beneficiary Information (receiver)
Name: _____Account No: _____
Address: _____City/State/Zip_____

Originator Authorization
I/We hereby request MS Telco FCU to effect this transfer at my/our risk to such persons as the beneficiary bank believes to be the within named beneficiary. MS Telco FCU is not to be responsible for delays, errors, claims or damages occasioned by the fault or negligence of correspondents through whose hands it may pass, once MS Telco FCU has delivered the message to its correspondent. This Funds Transfer Request will be subject to the terms and conditions of the Credit Union's Funds Transfer Authorization.

FAX Transmittal Authorization *(Agreement governing any transmission using a facsimile machine or other electronic image transmission).*
The Sender sends this document to the recipient, MS Telco FCU, by transmission from one FAX machine to another. The Sender adopts as his/her original signature the signature appearing on the line identified as "Member's Signature" as reproduced by the FAX machine receiving this transmission. Each of (1) the paper fed into the sending FAX machine and (2) the printout from the receiving machine (including any complete photocopy thereof) is a counterpart of this original document.

Member's Signature: _____*Daytime phone #:* _____

MS TELCO FEDERAL CREDIT UNION USE ONLY
*Teller must attach receipt debiting the member account for the wire amount and fee.
Wire Transfer Initiated By: _____Date: _____
Wire Transfer Verified By (if required): _____Date: _____