



PO Box 24901, El Paso, TX 79914-9001 800.351.1670 FirstLightFCU.org

Wire Transfer Request

I _____, am requesting a wire transfer. Please refer to the information below.

Member Information:

My FirstLight Account #: _____

My Social Security Number : _____

My Address: _____

My City, ST & Zip: _____

My Contact Phone Number: _____

Wire Amount Being Sent: _____

Special Payment Instructions: _____

Receiving Recipient Information:

Receiving Recipient's Name: _____

Recipient's Address (No P.O. Boxes Permitted): _____

Recipient's City, ST & Zip: _____

Recipient's Account #: _____

Intermediary Institution (if applicable): _____

Intermediary Institution's Routing # (if applicable): _____

Final Institution Name: _____

Final Recipient's Routing #: _____

Member Signature: _____ Date: _____

Please attach copy of valid identification.

Submit completed form & ID copy via **Secure Email** in **Online or Mobile Banking**.