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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 #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

My Address: \_\_\_\_\_

My City, ST & Zip code: \_\_\_\_\_

My Contact Phone Number: \_\_\_\_\_

Wire Amount: \_\_\_\_\_ Wire Purpose: \_\_\_\_\_

Special Payment Instructions: \_\_\_\_\_

\_\_\_\_\_

### Receiving Recipient Information

Beneficiary's Name: \_\_\_\_\_

Beneficiary's Address (No P. O. Boxes Permitted): \_\_\_\_\_

Beneficiary's City, ST & Zip: \_\_\_\_\_

Beneficiary's Account #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Address (No P. O. Boxes Permitted): \_\_\_\_\_

City, ST & Zip: \_\_\_\_\_

Financial Institution Routing #: \_\_\_\_\_

**Intermediary Financial Institutions Information (If applicable)**

**Intermediary's FI Name:** \_\_\_\_\_

**Intermediary's FI Address (No P. O. Boxes Permitted):** \_\_\_\_\_

**Intermediary's FI City, ST & Zip:** \_\_\_\_\_

**Intermediary's FI Routing #:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach a copy of valid identification.**

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

**A Specialist will be contacting you to review your request and to complete a separate form which will require your electronic signature before your wire request is processed.**

Revised 07/15/2025