



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 #: _____

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