



WIRING INSTRUCTIONS

Member Information

Name:

evolve FCU Account

number: Phone number:

Joint owner's name (if applicable):

Date and amount of last deposit:

Amount of wire:

To (Financial Institution)

Name:

Address:

City, State and Zip:

Routing number:

For Further Credit To (2nd (Beneficiary) Financial Institution, if applicable)

Name:

Routing number:

Final Credit To (Person Receiving Funds)

Name:

Address:

City, State and Zip:

Account number:

****** Be aware that the receiving (Beneficiary) institution may impose a fee for receiving the wire. Please contact that institution to determine if any fee(s) may be applicable as this may affect the final dollar amount deposited into the receiving party's account. ******

X _____
(Signature)

Fax to 915-592-9084 before 3:00 PM (Mountain Time).