



**SOUTHERN GAS
FEDERAL CREDIT UNION**

P O Box 2600
Little Rock, AR 72203
Phone: 501-374-2031
Fax: 501-374-2041

Domestic Wire Form

I hereby authorize Southern Gas Federal Credit Union to wire funds from my account as directed below:

DRAFT FROM: Southern Gas Federal Credit Union Account Information

Member Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____
Wire funds from the following account:
Account Number: _____ Checking _____ Savings _____ Amount: \$ _____

WIRE FUNDS TO THE FOLLOWING ACCOUNT:

Institution Name: _____
Institution Address: _____
ABA Routing #: _____ Account Number: _____
Account Name: _____
Additional Instructions: _____

Please see current fee schedule for applicable fees. Southern Gas Federal Credit Union is not responsible for incorrect information provided on this form.

Signature

Date

Internal use only

Processed by _____ Date _____

Verified by _____ Fee Charged