



PREAUTHORIZED RECURRING WIRE LIST

Please complete the form, print, obtain the president/manager's signature and return to Catalyst via email to wiregroup@catalystcorp.org or fax 214.703.7910.

Bank Name:	Card Number:
Location (City & State):	
Routing & Transit Number (ABA):	
Beneficiary Account Number:	
Beneficiary Name:	
Beneficiary FI Account Number:	
Beneficiary FI Name:	
Instructions to be included on the wire:	

Bank Name:	Card Number:
Location (City & State):	
Routing & Transit Number (ABA):	
Beneficiary Account Number:	
Beneficiary Name:	
Beneficiary FI Account Number:	
Beneficiary FI Name:	
Instructions to be included on the wire:	

CU Name:	Corp. Acct #:
President/Manager's Printed Name:	
*President/Manager's Signature:	
CU Phone #:	Contact Name:

PRINT FORM