

Preauthorized Recurring Wire List



Please complete the form, print, obtain the president/manager's signature and return to Catalyst Corporate by email (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:	

Credit Union Name:	
Credit Union 9 Digit Account Number:	
*President/Manager's Signature:	
CU Phone Number:	Contact Name:

**Required*