

**RAPIDES GENERAL HOSPITAL EF CREDIT UNION  
WESTERN UNION AUTHORIZATION FORM**

*DEADLINE FOR SUBMISSION 3:30 P.M.*

MEMBER NAME \_\_\_\_\_

MEMBER # \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

ORIGINATOR FIRST NAME \_\_\_\_\_

ORIGINATOR LAST NAME \_\_\_\_\_

ORIGINATOR ADDRESS \_\_\_\_\_

ORIGINATOR PHONE# \_\_\_\_\_

RECIPIENT FIRST & MIDDLE NAME \_\_\_\_\_

RECIPIENT LAST NAME \_\_\_\_\_

TEST QUESTION (1) \_\_\_\_\_

TEST ANSWER (1) \_\_\_\_\_

PAYOUT LOCATION CITY \_\_\_\_\_

STATE \_\_\_\_\_

ORIGINATING INSTITUTION **CATALYST CORPORATE FEDERAL CREDIT UNION**

STATEMENT DESCRIPTION \_\_\_\_\_

***I UNDERSTAND THERE IS A \$20 FEE FOR THIS SERVICE WHICH WILL BE DEDUCTED FROM MY ACCOUNT***

MEMBER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(1) For recipient to answer when picking up money at western union location (For security purposes)

FOR CREDIT UNION USE ONLY

279 WT FOR AMOUNT OF WU DONE BY EMP INITIALS \_\_\_\_\_

279 FY WU FEE \$20.00 DONE BY EMP INITIALS \_\_\_\_\_

Checked OFAC List - Sender and Receiver Initials \_\_\_\_\_ Date \_\_\_\_\_