



PREAUTHORIZED RECURRING WIRE LIST

Please complete the form, print, obtain the required signatures and return to Catalyst via email at wiregroup@catalystcorp.org or fax 214.703.7910.

Bank Name:	Card #:
Location (City & State):	Routing & Transit (ABA #):
Beneficiary Name:	Beneficiary Acct #:
Beneficiary Address:	Purpose of Payment:
Beneficiary Financial Institution Name:	
Beneficiary FI Acct #:	Beneficiary FI Address:
Instructions to be included on the wire:	

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Location (City & State):	Routing & Transit (ABA #):
Beneficiary Name:	Beneficiary Acct #:
Beneficiary Address:	Purpose of Payment:
Beneficiary Financial Institution Name:	
Beneficiary FI Acct #:	Beneficiary FI Address:
Instructions to be included on the wire:	

CU Name:	Catalyst Acct #:
President/Manager Name:	
Signature:	
Contact Name:	Phone #:

PRINT FORM