



**Scott Associates
Credit Union Inc.**

Growing your future since 1967

Pin Number - Wire Transfer

The purpose of the form is to establish a Pin and contact information for use with Wire Transfers. The Pin will be required when faxing or mailing your wire transfer form to the Credit Union. This will enable us to verify your identity and protect your account from fraudulent activity. Please provide a four digit or alpha Pin below. It is advised that you keep this Pin confidential. You will be responsible for all charges incurred through the use of your PIN and Account Numbers.

PIN: _____

Please provide further identifying information:

Account Number(s): _____

Account Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax. Number: _____

Email Address: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Please be sure to sign this application and have your signature witnessed and mail this form to:

Scott Associates Credit Union
14111 Scottslawn Road * Gilcrest Barn
Marysville, Ohio 43040

Office Use Only

Date Received: _____ **Application Received by:** _____

MW: (Form Letters) Wire trans. Pin Request