

Definition of Terms

Membership Information:

Member Number: Membership number funds are to be wired out of (Choose an account: Sav/Ck/MM)

Wire Amount: Amount to be wired

Member Name: Name of individual initiating wire request (Cannot be a business)

Member Address: Current address of individual initiating wire request (Cannot be a P.O. Box)

Home/Work/Cell Phone #: Contact numbers for individual initiating wire request

Purpose of Transaction: What the funds are being used for

Receiving Institution Information: (Domestic Wire)

Financial Institution Name: Financial Institution (bank) to receive the funds

ABA/Routing Number: Refers to the routing number of the receiving institution

<u>Receiving Institution Information</u>: (International Wire)

Financial Institution Name: Financial Institution (bank) to receive the funds

Address: Address of Financial Institution (Cannot be a P.O. Box)

(Indicate IBAN/BIC or SWIFT - not both)

IBAN/BIC #: International Bank Account Number
Swift Code: International Bank Account Code

Beneficiary Information:

Final Credit: Name of the individual or business to receive the funds

Account Number: Account number of the individual or business to receive the funds

Address: Address of the individual or business to receive the funds

Reference Information: Message to be delivered to wire recipient

Secondary Institution Information: (Only if applicable - Receiving Institution should supply secondary information)

Financial Institution Name: Secondary Financial Institution (bank/brokerage) to receive the funds

Account Number: Account number of Secondary Institution

Address: Address of Secondary Institution (Cannot be a P.O. Box)

PLEASE NOTE

It is the responsibility of the individual requesting the wire to provide accurate information to Island Federal Credit Union.

In the event a wire must be resubmitted, additional fees may apply.



DOMESTIC WIRE TRANSFER FORM

TO BE COMPLETED BY MEMBER (Please Print Clearly)

Membership Information				
Member Number			Wire Amount	\$
Member Name			□ SAVINGS □	CHECKING MONEY MARKET
Member Address			Home Phone #	
(Cannot be P.O. Box)				
		<u></u>	Work/Cell Phone	
			Purpose of Transa	action
Receiving Institution Infor	mation			
Financial Institution	n Name			
ADA/Dautina Alumh				
ABA/Routing Numb	oer			
Beneficiary Information				
Final Credit				
Account Number				
Address				
(Cannot be P.O. Box)				
Reference Information (op	tional)			
Secondary Institution Info	rmation (Only if applicable)			
Financial Institution Na	me			
Account Number				
Address				
(Cannot be P.O. Box)				
				at my account will be debited for the amo
				not received and credited due to incorr
isumcient imormation gr	ven. I have read the Island	reueral Credit Union W	ne mansier Agreement and	i Authorization.
/lember Signature_			Date	
		For Credit Unio		
Received By:		Processed By:		Verified by:
Date:		Date:		AUTH #:
Time:		Time:		Date:
Requested:	☐ In Person	OFAC Search:	☐ Completed	Time:
	□ Faxed	Verification:	☐ License verified	
	License verified		Info on form verified to s	/stem (name/ address/ phone#)



Wire Transfer Authorization

Important: Please Read Carefully Before Signing this Authorization

The State of New York has adopted as law Article 4A of the Uniform Commercial Code and the Board of Governors of the Federal Reserve has amended Subpart B of Regulation J. This Law and Regulation cover the movement of funds by means of wire transfers, automated clearinghouse (ACH) credit and some book transfers of the Credit Unions records.

The law is intended to establish a comprehensive legal framework covering the duties, responsibilities, and liabilities of all parties involved in a funds transfer. The agreement contains several notices, which we are required to provide to you, as well as, established other terms of Agreement which apply to all funds transfers which involve you and the Credit Union. Using the Credit Union to send or receive funds transfers shall constitute your acceptance of these terms of Agreement.

You are authorizing Island Federal Credit Union to transfer funds as indicated on the Wire Transfer Agreement. Fees associated with this transfer of funds are disclosed in our Rate & Fee schedule, which can be requested at any time. Other financial institutions involved in this transfer may impose additional fees. The Credit Union cannot guarantee the exchange rate on any international wires.

The Credit Union may establish and/or change cut-off times for the receipt and processing of funds transfer requests, amendments, or cancellations. The cut-off time for processing domestic and international wires is 2:30pm EST. If we receive a wire transfer request after the cut-off time, the wire will be sent the following business day. Island Federal Credit Union cannot guarantee and is not responsible for the arrival time of the wired funds.

You have 30 minutes from the time of receipt to cancel or amend your wire request. We cannot guarantee cancellations or amendments after this period, however we will make a reasonable effort to act on your request. Island Federal Credit Union is not liable if a wire transfer request cannot be cancelled or amended. You agree to reimburse us for any costs, losses, or damages that we incur in connection with your request for the Wire Transfer Agreement.

Credit cannot be issued for cancelled or returned wires until the funds are sent back to Island Federal Credit Union. If the funds are returned, credit may not be issued for the original wire transfer amount due to fees imposed from other financial institutions involved.

You are responsible for accurately identifying beneficiaries of your wire request. If you provide a name and account number of the beneficiary, your wire transfer may be processed based on the account number alone, even if the name on the account differs from the named beneficiary. If you provide the name and identifying number of a financial institution, we may process the wire request based on the number provided, even when the financial institution named does not match. In these cases, you are still obligated to pay the amount of the wire transfer.

Island Federal Credit Union may deny or delay a wire transfer request without liability in situations of legal constraints, negligence and interruption of communication facilities, equipment failure, war, emergency conditions, or other circumstances beyond our control. We may also deny or delay a request without liability, if sending the wire transfer violates any guideline, rule, or regulation of any government authorization. We are not liable for consequential, special, or exemplary damages or losses of any kind.

The Credit Union may establish and/or change security procedures to verify your identity and the authenticity of your wire transfer request. When you submit a wire transfer request, we will validate your identity prior to executing the funds transfer by way of requiring photo identification, signature verification, password verification and/or by completing callback procedures. You agree to comply with all aspects of the Credit Unions security procedures. Failure to comply could result in a denial of processing of this or any future wire transfer requests.

You authorize the Credit Union to record any telephone communications regarding any wire transfer requests, which we may maintain for any period of time we deem appropriate.

_	e that I am not wiring money to someone that I do not know or have never met in person, and that I was ted to wire money for any of the following reasons:				
•	To claim an inheritance, lottery, or prize winnings.				
•	To reimburse someone for overpayment.				
•	In response to a guaranteed credit card or loan offer.				
•	To assist with an urgent matter that occurred in a foreign country. • Example: a friend or family member that has been injured or arrested and requires immediate action.				
•	Promised a sum of money in return for sending this wire.				
Member Si	gnatureDate				