

**OUTGOING WIRE TRANSFER REQUEST/AUTHORIZATION FORM**

Member Account # : \_\_\_\_\_ **AMOUNT\$** \_\_\_\_\_

Member Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Social Security # \_\_\_\_\_

Telephone number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Work: \_\_\_\_\_

**INSTITUTION RECEIVING WIRE**

Routing #: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Branch: \_\_\_\_\_

**CREDIT TO:** Complete only if the institution the wire is being sent to is not online with the Federal Reserve

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

**FINAL CREDIT TO:** This is the account the money is being deposited to

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Other Information: \_\_\_\_\_

Password (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Special Payment Instructions:

The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect/inaccurate information provided. The undersigned authorizes Seacoast Credit Union to use any means it deems suitable for the transmission of the funds and understands and agrees that in carrying out this wire transfer, the credit union acts only as an agent. **Seacoast Credit Union will not guarantee when funds are received and will be absolved of any responsibility if funds do not arrive in a timely fashion if wiring instructions are not correct.** The credit union will not be liable to make any refund to the undersigned for canceled requests until after the credit union receives confirmation of the returned funds. The credit union has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of the funds. **Wire transfer instructions received after the credit union's cutoff time (refer to wire transfer policy), or a day the Federal Reserve Bank observes as a holiday will be processed the following business day.** Federal Reserve Regulation J is the law covering Fed wire transactions. **I further understand that it is my responsibility (the member) to provide Seacoast Credit Union with accurate wiring instructions.**

**MEMBER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**INTERNAL CREDIT UNION USE ONLY**

To be Completed by Branch Receiving Member Request:

Branch location: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Method of Request: \_\_\_\_\_ In Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_ Other \_\_\_\_\_

Information Verified (in person) \_\_\_\_\_ Information Verified (fax, mail, phone) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit Union Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_