

United Heritage Credit Union

Domestic Wire Transfer Authorization Form

Member Information:						
Member Name:		Account #	Share ID:			
Address:		City, State, Zip				
Contact phone #:		(cell)(work)	(home)(fax)			
Wire Instructions:						
Amount: Wire funds to: {name of financial institution} City	State	Routin	g (ABA) 9-digit			
Further Credit Bank / Credit Union: Routing / ABA # Beneficiary Name: Beneficiary Account #: Beneficiary Address: Additional Information:						
By request of: Template – yes / no (if yes) – provide template name						
Agreements: I hereby authorize United Heritage Credit Union to transfer funds out of my account by wire as shown above. Any fees charged by the receiving institution are my responsibility.						
The Credit Union operates within the (OFAC) imposing economic sanctions individuals. Under penalty of Federal L included on one of OFAC's list of designated until such entity or person is removed from	against target ho Law, the Credit Un gnated persons or	ostile foreign countries nion is obligated to blo entities. Proceeds from	, entities and specially des ock transactions where any a blocked transactions must	signated party is		
If a request for a transfer involves a currency other than U.S. dollars, my funds may be converted to a currency equivalent for such foreign country at the Credit Union's buying rate of exchange for U.S. dollars when the transfer						

Members Initials _____

is affected.

I understand that there is a fee associated with sending a wire (see Fee Schedule) and I agree to promptly pay all charges imposed by the Credit Union in accordance with this request. I agree the funds may be withdrawn from any of my accounts at the Credit Union when the wire is sent.

The Credit Union's cut off time for sending domestic wires out the same day is 2:00 p.m. C.S.T. Wires are transmitted Monday – Friday excluding holidays. Sufficient available funds must be in my Credit Union account for at least 5 business days prior to the wire transaction. The Credit Union reserves the right to employ verification methods (e.g., telephonic call-back) prior to processing any wire transfer request in order to ensure its authenticity.

I understand the processing of my wire transfer request may be delayed or rejected, without liability to the Credit Union, for circumstances beyond the Credit Union's reasonable control. United Heritage does not guarantee that the receiving entity/party will post the funds for same-business-day credit. The Credit Union will exercise ordinary care in the selection of its processing agents and correspondents.

United Heritage assumes no responsibility for any loss occurrence by errors, omissions or delays caused by any processing agent or correspondent, or for any cause beyond its control. I agree to indemnify and hold United Heritage harmless from and against any loss, claim, damage or liability arising out of or resulting from any action taken by United Heritage in reliance upon instruction provided by me on this Letter of Authorization that United Heritage in good faith believes to be genuine.

Authorized by:			
ID Type and Number:			
Member's Signature:	Date:		
INTERNAL USE ONLY:			
Approved: Denied: Date:		OFAC Yes No	
Wire Transfer Approver's Name:	User#:	Title:	
Comments:			
Wire processed by user: Title:			
Signature of Employee Sending Wire:		Fee: \$ 20.00	
Date: Time:			
Account number:	Member Initials:		