



## Definition of Terms

### Membership Information:

<b>Member Number:</b>	Membership number funds are to be wired out of (Choose an account: Sav/Ck/MM)
<b>Wire Amount:</b>	Amount to be wired
<b>Member Name:</b>	Name of individual initiating wire request (Cannot be a business)
<b>Member Address:</b>	Current address of individual initiating wire request (Cannot be a P.O. Box)
<b>Home/Work/Cell Phone #:</b>	Contact numbers for individual initiating wire request
<b>Purpose of Transaction:</b>	What the funds are being used for

### Receiving Institution Information:

#### ***(Domestic Wire)***

<b>Financial Institution Name:</b>	Financial Institution (bank) to receive the funds
<b>ABA/Routing Number:</b>	Refers to the routing number of the receiving institution

### Receiving Institution Information:

#### ***(International Wire)***

<b>Financial Institution Name:</b>	Financial Institution (bank) to receive the funds
<b>Address:</b>	Address of Financial Institution (Cannot be a P.O. Box)

<b>IBAN/BIC #:</b>	<b><i>(Indicate IBAN/BIC or SWIFT – not both)</i></b> International Bank Account Number
<b>Swift Code:</b>	International Bank Account Code

### Beneficiary Information:

<b>Final Credit:</b>	Name of the individual or business to receive the funds
<b>Account Number:</b>	Account number of the individual or business to receive the funds
<b>Address:</b>	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)*

<b>Financial Institution Name:</b>	Secondary Financial Institution (bank/brokerage) to receive the funds
<b>Account Number:</b>	Account number of Secondary Institution
<b>Address:</b>	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)

<i>Membership Information</i>		
<b>Member Number</b> _____	<b>Wire Amount</b>	\$ _____
<b>Member Name</b> _____	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> MONEY MARKET
<b>Member Address</b> (Cannot be P.O. Box) _____ _____ _____	<b>Home Phone #</b>	_____
	<b>Work/Cell Phone #</b>	_____
	<b>Purpose of Transaction</b>	_____

<i>Receiving Institution Information</i>	
<b>Financial Institution Name</b>	_____
<b>ABA/Routing Number</b>	_____

<i>Beneficiary Information</i>	
<b>Final Credit</b>	_____
<b>Account Number</b>	_____
<b>Address</b> (Cannot be P.O. Box) _____ _____ _____	

<i>Reference Information (optional)</i>
---

<i>Secondary Institution Information (Only if applicable)</i>	
<b>Financial Institution Name</b>	_____
<b>Account Number</b>	_____
<b>Address</b> (Cannot be P.O. Box) _____ _____	

I hereby authorize Island Federal Credit Union to transfer funds by wire as shown above. I understand that my account will be debited for the amount of the wire and any applicable fees. I agree to hold Island Federal Credit Union harmless if the funds are not received and credited due to incorrect or insufficient information given. I have read the Island Federal Credit Union Wire Transfer Agreement and Authorization.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>For Credit Union Use Only</b>		
<b>Received By:</b> _____ <b>Date:</b> _____ <b>Time:</b> _____ <b>Requested:</b> <input type="checkbox"/> In Person <input type="checkbox"/> Faxed <input type="checkbox"/> License verified	<b>Processed By:</b> _____ <b>Date:</b> _____ <b>Time:</b> _____ <b>OFAC Search:</b> <input type="checkbox"/> Completed <b>Verification:</b> <input type="checkbox"/> License verified <input type="checkbox"/> Info on form verified to system (name/ address/ phone#)	<b>Verified by:</b> _____ <b>AUTH #:</b> _____ <b>Date:</b> _____ <b>Time:</b> _____



## Wire Transfer Authorization

### ***Important: Please Read Carefully Before Signing this Authorization***

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. Other financial institutions involved in this transfer may impose additional fees. (Currently domestic wires are \$15.00 and foreign wires are \$45.00) We cannot guarantee the exchange rate on any foreign wires.

Island Federal Credit Union may fail to act or delay acting on a payment order such as a wire transfer without any liability because of legal constraints, your negligence, and interruption of communication facilities, equipment failure, war, emergency conditions, or other circumstances beyond our control. We may also fail to send or delay sending a wire order without any liability if sending the order would violate any guideline, rule, or regulation of any government authorization.

We are not liable for consequential, special, or exemplary damages or losses of any kind.

You have 30 minutes from the time of receipt to cancel or amend. If you ask us to cancel or amend it, we may make a reasonable effort to act on your request. We are not liable to you if for any reason this wire order is not amended or canceled. You agree to reimburse us for any costs, losses or damages that we incur in connection with your request to amend or cancel the Wire Transfer Agreement.

If we try to cancel this funds transfer, we will not refund your money until the funds are returned to us from the receiving financial institution. If the funds are returned, they may not be returned for the original wire transfer amount. This may be due to other fees imposed from the other financial institutions involved.

Our cut-off time for processing domestic wire orders is 2:30pm EST and 11:00am EST for foreign wire orders. 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 are responsible for accurately identifying beneficiaries of your payment order. If you give us the name and account number of the beneficiary, we and other financial institutions may process the wire transfer based on the account number alone, even though the name on the account may be different from the named beneficiary. If you give us the name and identifying number of a financial institution, we may process the payment order based on the institution's identifying number alone, even though the numbers may identify a financial institution other than the institution named. In these cases, you are still obligated to pay us the amount of the wire transfer.

When you submit a wire transfer request, we will request information to identify you prior to executing the funds transfer. We may request photo identification, signature verification, or we may call you to verify your identity.

**I have read and understand the agreement listed above.**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_