

Outgoing Wire Transfer Request

Members 1st Credit Union

P.O. Box 8245

Brattleboro, VT 05304

Member Information:

Account Title: _____ Acct No.: _____

Address: _____

Member Signature: _____

Telephone Number: _____ DOB _____ SS# _____

All parties hereby agree to the terms and conditions of the Federal Regulation J and VT State Regulation UCC Title 9A Article 4A, in addition to the ACH and Wire Transfer Policy in the Credit Union Membership and Account Agreement. The account will be debited on the date of the origination of the wire transfer request. A Wire Transfer can be requested during the Credit Union's business hours. The Credit Union will process the same day outgoing transfers up until 2 pm. Wire Transfer Requests received after this cut-off time will be processed the next business day. The Credit Union is not responsible for any delays in crediting the beneficiary account due to the receiving bank policies. It is the receiver's responsibility to process the received request in a timely manner. The member understands that once a wire transfer is initiated, the Credit Union has no further responsibility. Wire transfers are instant and irrevocable and cannot be withdrawn. The Credit Union will assess a fee for all outgoing Transfers as disclosed in Credit Union Fee Schedule. Please note: the receiving financial institution may settle by account number only with no name matching.

Wire Transfer Information:

Amount of wire request: _____

Receiving Bank Name: _____

Receiving Bank ABA/SWIFT Code: _____

Bank Address: _____

Intermediate Credit To:

Receiving Bank Name: _____

Receiving Bank ABA/SWIFT Code: _____

Bank Address: _____

Final Credit To:

Receiving Account Title: _____

Receiving Account Number: _____

Receiver Address: _____

Credit Union Use Only:

Employee completing this form: Employee Signature _____

Date Received: _____ Time: _____ a.m. / p.m.

Requested: In Person By Fax

Fee Charged ([SHFE], F&T Code SF) _____ Wire Amount ([SHJE], GL # 740.100) _____

Verified Signature (In person / by fax to signature card)

Call-back to member OFAC checked

Employee entering wire on TriCorp: Employee Signature _____

Employee verifying/approving wire on TriCorp: _____

Date: _____ Time: _____ a.m. / p.m.

Tricorp Verification Number: _____