

WIRE TRANSFER AUTHORIZATION FORM

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| WIRE INFORMATION | | |
| WIRE TRANSFER AMOUNT (WT) | + WIRE TRANSFER OUTGOING FEE (WO) | = TOTAL WITHDRAW AMOUNT |
| WITHDRAW FUNDS FROM ACCOUNT # | | SUFFIX |

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| WIRE TO: | |
| CORRESPONDENT BANK NAME | CORRESPONDING BANK ROUTING # (9 DIGITS) |
| CORRESPONDING BANK ADDRESS (REQUIRED) | |

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|-----------------------------------|--|
| CREDIT TO: | |
| RECEIVING BANK | |
| RECEIVING BANK ACCOUNT #: | |
| RECEIVING BANK ADDRESS (REQUIRED) | |
| COMMENTS | |

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|------------------------------|--|
| FURTHER CREDIT TO: | |
| NAME OF RECIPIENT | |
| RECIPIENT ACCOUNT # | |
| RECIPIENT ADDRESS (REQUIRED) | |
| COMMENTS | |

- NOTE:**
- 1) ALL WIRE REQUESTS RECEIVED AFTER 1:00 PM ARE CONSIDERED AS RECEIVED THE NEXT BUSINESS DAY. FR SACU WILL NOT SEND INTERNATIONAL WIRES.
 - 2) IF A PAYMENT ORDER IS PRESENTED WHICH IDENTIFIES:
 - a. ANY BENEFICIARY BY NAME AND ACCOUNT NUMBER, or
 - b. ANY FINANCIAL INSTITUTION IN THE FUNDS TRANSFER BY NAME AND ROUTING NUMBER,
 THE CREDIT UNION WILL RELY ON THE NUMBER PROVIDED BY YOU, THE MEMBER, EVEN IF THAT NUMBER IDENTIFIES A FINANCIAL INSTITUTION OR PERSON DIFFERENT THAN FROM THE NAMED FINANCIAL INSTITUTION OR BENEFICIARY.
 - 3) PAYMENT ORDERS FROM A SHARE ACCOUNT ARE LIMITED IN ACCORDANCE WITH REG "D" PROVISIONS.
 - 4) ALL FAXED REQUESTS MUST BE ACCOMPANIED BY A LEGIBLE COPY OF THE MEMBER'S CURRENT FORM OF IDENTIFICATION (NO EXCEPTIONS).
 - 5) ADDRESS FOR ALL PARTIES INVOLVED IS REQUIRED

_____ MEMBER NAME (PRINT) _____ MEMBER SIGNATURE _____ DAYTIME PHONE # _____ DATE

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| OFFICE USE ONLY | | |
| BRANCH # Main | | TELLER INITIALS |