

DOW GREAT WESTERN CREDIT UNION

AUTHORIZATION FOR WIRE TRANSFER OF FUNDS TO ANOTHER INSTITUTION

PLEASE PRINT INSTRUCTIONS

Member Name: _____

Dow Credit Union Member# _____

Date: _____ Time: _____

Cut off Time is to 12:00/noon for Domestic Wire

Cut off Time is to 10:30am for International Wire

IBAN# _____

International Bank Account Number

“IF YOU SEND OR RECEIVE A WIRE TRANSFER, FEDWIRE MAY BE USED. REGULATION J IS THE LAW COVERING ALL FEDWIRE TRANSACTIONS” IF IMPROPER OR ERRONEOUS INFORMATION IS GIVEN TO FACILITATE THE WIRE TRANSFER YOU ASSUME RESPONSIBILITY SHOULD ANY PROBLEMS ARISE.

Name of institution receiving funds: _____

ABA# of institution receiving funds: _____

Address of institution receiving funds: _____

For credit to correspondent institution (if any) _____

Account # at correspondent institution (if any) _____

For Final Credit to:

Name: _____

Account# _____

Home Address of Recipient _____

Amount of wire transfer: \$ _____ **Purpose of wire:** _____

Fee for **Domestic** wire transfer \$30.00 Fee for **International** wire transfer \$45.00

Any Return- Fee will be charged at the same rate as the returning institution.

() to be deducted from CU account# _____

() to be paid in cash

In consideration of the Dow Great Western Credit Union facilitating this wire transfer in my behalf, I agree to hold you harmless against any claim or action from any source whatsoever resulting from this transaction.

Member's signature: _____ Sender's Address: _____

Below for Credit Union use only:

Employee initials: _____ Date of Transfer: _____ OFAC List _____

Verification: _____ Name of Individual accepting transfer: _____

OVER

Note:

1. The member requesting the wire must be the one to complete the information on the reverse side and sign the "hold harmless" agreement. An error in any of this information may result in funds being lost and not credited as the member has requested.
2. Members may request a wire transfer in person, by mail or by fax. **TELEPHONE REQUESTS WITHOUT SIGNATURES ARE NOT ACCEPTABLE.** (See **Requests by Mail or FAX:** below.)
3. Credit union staff will make the necessary identification and/or verification and will initial where indicated.

In-Person Requests:

1. If you know the member personally, initial #1. **If you don't know the member by name, you must complete #3 and #4 below.**

Initial

2. I know the member by face AND name. _____

3. I verified the member with the following picture ID: _____

4. I verified the signature by comparing it to credit union records: _____

Requests by Mail or FAX:

1. Verify the signature by comparing it with credit union records: _____

And for wire transfer requests for \$2,500 or more if received by mail or fax-

2. Telephone member at home or at work using the phone number from the data processing system. If the phone number for verification is not one from the system, you must re-verify the wire instructions with the member to insure it is correct AND at least one of the following, depending upon your confidence level that you are speaking to our member:

Ask for mother's maiden name or _____

Most recent account activity _____

(Account number, social security number or date of birth are not confidential and must not be relied upon as a security verification procedure.)

Wire transfer requests of less than \$2,500 that do not otherwise appear suspicious do not require a call back to the member.

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