



# WIRE TRANSFER AUTHORIZATION & AGREEMENT

Originator (Sender) Information			
Member Name (Originator/Sender)	Member Account Number (to be Debited)	Date	
Member Street Address (No PO Box)	City	State	Zip
Wire Transfer Amount / Fee			
Amount of Transfer	Fee:		
\$	\$		
Beneficiary (Receiver) Information			
Name	Account Number		
Member Street Address:	City	State	Zip
Beneficiary Bank Information			
Bank Name	Routing/Transit Number		
Member Street Address	City	State	Zip
<b>Special Instructions</b>			
<p>The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect/inaccurate information provided. The undersigned authorizes SAG-AFTRA Federal Credit Union (the "Credit Union") to use any means it deems suitable for the transmission of the funds and understands and agrees that in carrying out this wire transfer, the Credit Union acts only as an agent. The undersigned hereby releases the Credit Union from all liability from any loss unless the loss arises out of the Credit Union's failure to exercise ordinary care, failure to act in good faith, or failure to act in accordance with the undersigned's instructions given pursuant to this Authorization. If the undersigned's Authorization identifies the beneficiary both by a name and an identifying or bank account number and the name and number identify different persons, payment or cancellation of the order may be made solely on the basis of the number. The Fedwire System may be used for this wire transfer. Federal Reserve Regulation J is the law covering Fedwire transactions. The undersigned agrees to promptly review all notices from the Credit Union regarding the execution of wire transfers and will advise the Credit Union of erroneously executed wire transfers within two business days following the Credit Union's notification. The two business days period shall begin to run after the undersigned has received sufficient information to reasonably determine that the wire transfer was erroneous. The Credit Union will not be liable to make any refund to the undersigned for canceled requests until after the Credit Union receives confirmation of the returned funds. The Credit Union has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of the funds. The undersigned further understands and agrees that the Credit Union may require you to complete and submit a Wire Transfer Callback and Security Procedures Agreement bearing your original signature before this wire transfer can be made. <b>Wire transfer instructions received after 11:00 a.m. Pacific Standard Time, or on a day the Federal Reserve Bank observes as a holiday and the Credit Union is open for business, will be processed on the following business day.</b> If for any reason there are insufficient collected funds in your account to cover the full amount of the requested outgoing wire transfer at the time we initiate the transfer, we will not send the outgoing wire. ALL INFORMATION REQUESTED ON THIS FORM MUST BE COMPLETED.</p>			
Member Signature	Date	Contact Phone Number	
X			

CREDIT UNION USE ONLY			
Identification Type	Identification Number	Expiration Date	Signature Match ID and/or Signature Card
Branch Location	Completed By Symitar ID _____ Initials _____	Approved By Symitar ID _____ Initials _____	
Member Account Debited/Suspense Credited Initials _____	Date Received _____ Time Received _____		

<b>CALLBACK VERIFICATION ON FAX REQUEST:</b>  Callback PH# _____  Contact Name _____  Verification Tokens _____  Date _____ Time _____ Initials _____	<b>ACCOUNTING</b>  Input: URC/FT# _____ CNTL# _____ Symitar ID _____ Initials _____  Verification: IMAD# _____ Symitar ID _____ Initials _____  OFAC Verified and Documentation Attached _____
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