



MEMBER WIRE TRANSFER AGREEMENT

Please fax completed form to **619-588-2197** before 12:00 noon for same day wire transfers

Member Name _____ Date _____

Address _____ City _____ St _____ Zip _____

Member Number _____ Savings Checking Other _____

Amount of Wire \$ _____

Wire to institution _____
 Address line 1 _____
 Address line 2 _____
 Routing/Transit Number _____

Correspondent (if any) _____
 Address line 1 _____
 Address line 2 _____
 Routing/Transit Number _____

Final Credit to _____
 Address line 1 _____
 Address line 2 _____
 Account Number _____ Savings Checking Other _____

I (the undersigned) hereby authorize my account be charged for the dollar amount of this wire and also understand that the funds transferred pursuant to the above instructions will only be made to the above specified recipient. I understand that a fee will be charged to my account in the amount of \$20.00 for a domestic wire (US) or \$30.00 for an international wire.

I understand and agree that the Credit Union shall not be liable for any loss or liability arising from: 1) any unauthorized or incorrect transfer or interest thereon which I fail to report to the Credit Union within 30 days after receipt of notification of the transfer; 2) any negligent or intentional action or inaction on the part of any person not within this Credit Union's reasonable control, including, but not limited to, the failure of other financial institutions to provide accurate or timely information; 3) the failure of other financial institutions to accept a funds transfer order; 4) any ambiguity or inaccuracy in my instructions given to you; or 5) any error, failure, delay, cancellation or amendment in the execution of this funds transfer request caused by circumstances beyond the Credit Union's reasonable control, including but not limited to, any computer or communication failure.

Member _____ **Important: Signature required**
Signature _____

*****CREDIT UNION USE ONLY*****

Date Request Received _____ Time _____ Employee _____

I.D. Method: _____ Employee _____
 (Mother's Maiden Name/Social Security/etc.)

\$2,500 or more:
 Call back completed by: Member Phone _____ Employee _____

_____	_____	_____	_____
Wire Authorizing by (Credit Union)	Date	Time	Confirmation Tran #
_____	_____	_____	
Wire Verified by (Credit Union)	Date	Time	