## Combined Employees Credit Union

## **Domestic Outgoing Wire Transfer Request Form**

CUT-OFF TIME FOR WIRES IS 2:00 PM, EST

Please print and complete all information requested. All changes and/or mark-outs **must** be initialed by the requester.

Member Name:	Member Number:	Tin	าe:
Street Address:	City:	State: 2	Zip Code:
Social Security Number:	Date of Birth:	Phone:	
Transfer Amount \$	Expected Transfer Date:		
Payee's Receiving Financial Institution	n:		
City and State:	Payee's Routing/Tran	sit Number:	
Further Credit To: (Intermediary Bank		Number: (Intermediary Bank, if applicable)	
Payee's Name:			
Payee's Street Address:	City:	State:	Zip Code:
Payee's Account Number:			
Special Instructions:			
Uniform Commercial Code and Regulation J of the Feder	onditions of my/our Membership Agreement and Accour ral Reserve Board as specifically applicable, you agree to h	old harmless and indemnify Comb	ined Employees Credit Union (CEC

Uniform Commercial Code and Regulation J of the Federal Reserve Board as specifically applicable, you agree to hold harmless and indemnify Combined Employees Credit Union (CECU), its affiliates and all persons in privity with CECU from and against all liabilities, claims, losses, costs, expenses and damages of any kind, including direct, indirect, incidental, consequential and punitive, including claims caused by CECU's negligence or gross negligence, caused, incurred or suffered by CECU, or asserted against CECU resulting directly or indirectly from the performance of the services relating to this transaction. CECU shall only be responsible and liable to compensate you to the extent required by Article 4A or Regulation J. CECU will exercise ordinary care in the selection of its processing agents and correspondents; however, CECU assumes no responsibility for any loss occasioned by errors, omissions or delays caused by any processing agent or correspondent, or for any cause beyond its control. In addition, CECU assumes no responsibility for the fees or deductions of any correspondent institution or other agent participating in the transaction. CECU may charge a fee to initiate an investigation of this transaction, to be reimbursed by the Credit Union only if an error can be determined to have occurred on the part of CECU. CECU operates within the guidelines established by the Treasury's Office of Foreign Assets Control (OFAC), imposing economic sanctions against target hostile foreign countries, entities and specially designated individuals. Under penalty of Federal Law, CECU is obligated to block transactions where any party is included on one of OFAC's list of designated persons or entities. Proceeds from blocked transactions must be held until such entity or person is removed from the list or upon permission from OFAC.

## By signing below, I agree to the above statements.

Member's Signature:	Date:
Verification Method Used (Initial) Driver's License Signature Card	Teller Instructions: (Initial)   Identify Member/Verify Available Funds   Debit account for wire; Credit G/L   Debit account for fee; Credit G/L   Objto over \$10,000 require Mgmt. approval   Give Wire form to Acct. Mgr. immediately
Fax/Phone Requests: (initial)	Accounting Instructions:
Call Back Date: Call Back Phone: Employee taking wire info MUST sign form Fax/phone wires over \$3,000 require Mgmt. approval	Date Rec'd/Time Rec'd Date Sent/Time Sent Updated Wire Log