

One-time and <u>new</u> recurring wires: Fill in this column <i>completely</i> .				
□ One-time	New Recurring (create template)			
Member Information				
Name				
Account# w/suffix				
Address (no PO box)				
City, State, Zip				
Wire amount	\$			
Wire fee	\$			
Purpose (required)				
Source of funds (cash, existing, etc.)				
Codeword				
Financial	Institution Information			
What insti	tution is the wire going to?			
Name				
Address (no PO box)				
City, State, Zip				
ABA/routing number (must be 9 digits)				
Further credit to (if applicable):				
Financial Institution				
Routing/account#				
City, State, Zip				
Payee Infor	rmation (final credit to):			
Who will	finally receive the funds?			
Name				
Account # w/suffix				
Address (no PO box)				
City, State, Zip				
Reference info (if applicable)				

Outgoing Domestic Wire Transfer Form

Recurring Wire Information		
Name		
Account# w/suffix		
Wire amount	\$	
Wire fee	\$	
Purpose (required)		
Recipient's full name		
Codeword (required		
for phone requests)		

I authorize Wexford Community Credit Union to transfer funds and described here into and debit my account in the amount indicated plus the applicable fees.

Please note: Wexford Community Credit Union shall not be liable for any loss or damage resulting from the following:

- 1. Errors or delays in the transmission or delivery of the wire due to incorrect/incomplete instructions from the member.
- 2. Failure to locate or error in identifying the named beneficiary through no fault to WCCU.
- 3. Insufficient funds in the member's account.
- 4. Wire transfer system failure, wither human or electronic, beyond the control and scope of WCCU.
- 5. Extraordinary circumstances such as fire, flood, earthquake, etc.

Member Signature
Date
Date
Rcvd by: _____ Date: _____ Time: _____

Entered by Date Time	Entered by:	Date:	Time:
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Verified:	Date:	11me:	