



**MERCK EMPLOYEES
FEDERAL CREDIT UNION**

OUTGOING WIRE REQUEST FORM

Merck Employees FCU only completes outgoing wires to US Banks and Credit Unions for members who have a signed Wire Agreement on file. There is a \$15 non-refundable fee for completing a wire. Cut-off time is 3:30 pm.

WIRE INFORMATION

Wire Amount: \$ _____ Date Requested: _____

Purpose of Wire: Investment Home Purchase Construction Other

Other: _____ Reference: _____

ORIGINATOR INFORMATION (who is sending the wire)

Full Name: _____ Account #: _____

Full Address: _____

Phone Number: _____

RECEIVING BANK INFORMATION

Name of Bank: _____ Routing #: _____

Full Address of Bank: _____

BENEFICIARY INFORMATION (who is receiving the wire)

Full Name: _____ Account #: _____

Full Address: _____

INTERMEDIARY BANK INFORMATION (if applicable)

Name of Intermediary Bank: _____

Routing #: _____

Full Address of Intermediary Bank: _____

FOR FURTHER CREDIT TO/FINAL BENEFICIARY INFORMATION: (if applicable)

Full Name: _____ Account #: _____

Full Address of Final Beneficiary: _____

WIRE INSTRUCTIONS, NOTES OR COMMENTS:

Your signature acknowledges that you have read and agree to the Terms & Conditions contained on page three of this form. You also acknowledge that funds are not recoverable once they are sent. You are responsible for any and all applicable fees (\$15.00) and the funds for withdrawal from your account.

Member's Signature: _____ Date: _____

Member's Signature: _____ Date: _____

Print Name: _____ Wire Amt. \$(- _____)

Account #: _____ Suffix: _____ Fee \$(-15.00)

GL Acct. (131.0)

F&T Code (WO)

WIRE TRANSFER TERMS AND CONDITIONS

This Transfer Order governs the procedures and responsibilities concerning payment orders initiated by the account owner signing the Wire Transfer Request Form. Please note that only members with a signed Wire Agreement on file will be eligible to send funds via wire transfer.

ACCOUNT OWNER LIABILITY

By signing this Order you agree to be bound by the information you provided. You are responsible for ensuring the accuracy of your requests and the Credit Union has no duty whatsoever to verify the accuracy of requests, nor will it be liable for losses or damages arising out of requests containing erroneous information. You are required to complete and sign a separate wire request for each payment order.

YOUR LIABILITY FOR INCORRECT INFORMATION

If you give us a payment order that identifies a beneficiary (the person to whom you are wiring funds) by name and account number, the beneficiary’s financial institution may pay the beneficiary on the basis of the number provided to us by you and consider that number to be proper identification. This will be true even if the number you provided to us identifies a person different from the named beneficiary unless otherwise provided by law or regulation. If you give us a payment order that identifies the beneficiary’s financial institution in the funds transfer by name and routing and transit or other identifying number, we, as well as the receiving financial institution, may rely on the number provided to us by you as the proper identification. This will be true even if the number provided identifies a financial institution that is different from the named financial institution unless otherwise provided by law or regulation.

UNIFORM COMMERCIAL CODE ARTICLE 4A

Any wire transfers you request are subject to Article 4A and the provisions of this agreement.

CUTOFF TIMES

We are limited by our 3rd parties and bound to their times. We will make every attempt to send your wire(s) on time, however, we assume no liability for wires that cannot be completed on time by inaccurate information you supplied or other legal requirements.

CANCELLATION OR CHANGE

The accountholder shall have no right to cancel or amend any transfer order after it has been received. However, the Credit Union shall use reasonable efforts for cancellation through its authorized agent.

MEMBER’S LIABILITY

In no event shall the Credit Union be liable for special, consequential, punitive, or indirect loss or damage suffered by a Member in connection with this Agreement, regardless of whether the Credit Union knew or should have known such damages might be incurred. The Credit Union shall not be responsible for Member’s attorney fees.

FOR OFFICE USE ONLY—ONLINE WIRE TRANSFER REQUEST

Branch Office: _____ Wire Agreement on File: _____ Wire Password Verified: _____

ID Method: _____

Call Back Number: _____

Callback Items Verified: _____

Compliance Checklist Needed: YES NO Checklist Completed: _____

Funds Verification _____ OFAC _____ Red Flag Act Review _____

Callback to Branch Called (name) _____ Date: _____ Time: _____

Wire Entered by: Name: _____ Verified By: _____ Verification # _____