

# **OUTGOING WIRE REQUEST FORM**

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

# WIRE INFORMATION

Wire Amount: \$Dat	te Requested:	
Purpose of Wire:	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 #:\_\_\_\_ **NOTES OR COMMENTS:** Your signature acknowledges that you have read and agree to the Terms & Conditions contained on page three of this form. You are responsible for any and all applicable fees (\$15.00) and the withdrawal from your account. Member's Signature: Date: Member's Signature: Date: Wire Amt. \$(-Print Name: ) 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 Agreement.

#### **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.

# UNIFORM COMMERCIAL CODE ARTICLE 4A

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

# **CUTOFF TIMES**

We are limited by our 3<sup>rd</sup> parties and bound to their times. We will make ever 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:			
ID Method:			
Call Back Number:			
Callback Items Verified:			
Funds Verification	OFAC	Red Flag Act Review	
Callback to Branch Called (name)	Date:	Time:	
Wire Entered by: Name:	Verified By:	Verification #	