



WIRE TRANSFER REQUEST/AUTHORIZATION FORM

Date: \_\_\_\_\_ Receiving Bank: \_\_\_\_\_  
Time: \_\_\_\_\_ Receiving ABA #: \_\_\_\_\_  
Name: \_\_\_\_\_ Receiving Bank Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Credit, Name of Beneficiary: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_ Beneficiary Account #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Beneficiary Address: \_\_\_\_\_  
Amount: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Special Instruction: \_\_\_\_\_  
\_\_\_\_\_

The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect/inaccurate information provided. The undersigned authorizes Sugar Land Employees Federal Credit Union to use any means it deems suitable for the transmission of the funds and understands and agrees that in carrying out this wire transfer, the credit union acts only as an agent. The undersigned hereby releases the Credit Union from all liabilities from any loss unless the loss arises out of the credit union's failure to exercise ordinary care, failure to act in good faith, or failure to act in accordance with the undersigned's instructions given pursuant to this authorization. If the undersigned's authorization identifies the beneficiary both by a name and an identifying or bank account number and the name and number identify different persons, payment of cancellation of the order may be made solely on the basis of the number. The FedWire system may be used for this wire transfer. The credit union will not be liable to make any refund to the undersigned for canceled requests until after the credit union receives confirmation of the returned funds. The credit union has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of the funds. **Wire transfer instructions received after the credit union's cutoff time which is 3:00 p.m., or a day the Federal Reserve Bank observes as a holiday will be processed the following business day.** Federal Reserve Regulation J is the law covering Fedwire transactions.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your telephone number is **REQUIRED**

Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Work: \_\_\_\_\_

**FOR INTERNAL CREDIT UNION USE ONLY**, to be completed by Employee receiving request.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

Method of Request: \_\_\_\_\_ In Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_ Other

Information Verified: in person or phone

Verified & Sent by: \_\_\_\_\_ Date: \_\_\_\_\_