

DOMESTIC OUTGOING WIRE TRANSFER REQUEST

Fax Completed Form To: 352.241.9748



Date: Employee's Name:

Member Name: Account #:

Member Address:

Member Address:

Member Phone#: ()

Amount of Wire: \$ Wire Fees: \$25.00

Reason for Wire:

SEND WIRE TO:

Bank Name:

Bank Address:

Bank Address:

Bank Routing #:

Beneficiary Name:

Beneficiary Address:

Beneficiary Address:

Beneficiary Acct. #:

With Final Credit To:

Account Number:

*Must include current driver's license copy.

I certify that the above outgoing wire information is correct. I agree that under no circumstances will the Credit Union be liable for any indirect, incidental, consequential, remote or special losses or damages, including attorney's fees and costs.

X _____
Member Signature

Date

WIRE STAFF USE ONLY

_____ Submitted By	_____ Time	_____ Date
_____ Verified By	_____ Time	_____ Date

OUTGOING WIRE TRANSFER REQUEST

Agreement: By requesting this funds transfer, the undersigned member ("you") and "Credit Union" ("we", "us" or "our") agrees as follows:

Regulation J determines the rights and liabilities for Fedwire wire transfers and Florida's Uniform Commercial Code Article 4A determines rights and liabilities for non-Fedwire wire transfers.

If a beneficiary is identified by name and an identifying or account number, payments to the beneficiary may be made using that identifying or account number even if the number identifies a person different than the named beneficiary. If a payment order identifies an intermediary party or beneficiary's financial institution by both name and an identifying number or only by identifying number, we and any receiving financial institution may rely on the identifying number as the proper identification of the intermediary party or beneficiary's financial institution. You agree to indemnify the Credit Union for any loss or expense that results from its reliance on an incorrect identifying or account number.

Any rate of interest that the Credit Union may be obliged to pay as a penalty under Regulation J or Florida law shall be equal to the dividend rate paid on the account from which the funds transfer should have occurred or to which the proceeds of the fund transfer were or should have been deposited, whichever is lower. The Credit Union's liability is limited to the payment of this interest.

The cut-off time is 2:45 PM each weekday we are open which is not a holiday. Orders received after the cut-off time are treated as being received the next day we are open. The cut-off time may be extended without notice to you if an intermediary or beneficiary institution is closed.

We are under no obligation to accept a payment order, cancellation or amendment, but may do so at our option. We are not obligated to give you notice of such action, but notice may be given in your next periodic statement or as otherwise required by law. Funds transfers will be made in accordance with our rules, procedures, and fees as amended from time to time. We may cancel or modify this agreement at any time without prior notice to you. You may not modify this agreement without prior written approval from us. No representation or statement made by any employee of ours shall be binding on us.

All payment orders, amendments and cancellations orders will be made according to the Credit Union's security procedure. The security procedure is intended to verify that an order is authorized to detect errors in the transmission or content of the payment order. The security procedures we will use are: (1) completion of the wire transfer form, (2) positive photo I.D. for request in person, (3) notarized signature for requests through the mail and (4) notarized signature or guaranteed signature stamp if facsimile request. A payment order, amendment or cancellation order verified by the security procedure is effective as your order, whether or not the order is in fact authorized by you. You agree to the above security procedure.