



DOMESTIC WIRE TRANSFER REQUEST DISCLOSURE

Please complete all information on the Wire Form and sign. You must also include a clear copy of your Driver's License, State ID, or Passport. The wire transfer may be delayed if a copy of your identification is not provided.

Notice of the Use of Fedwire: If you send or receive a wire transfer, Fedwire may be used. Regulation J and the Uniform Commercial Code Article 4A govern all Fedwire transactions. The credit union may charge your account for the amount of any funds transfer initiated by you or by any person authorized by you as a joint tenant or other authorized party with the right of access to the account from which the funds transfer is to be made. You agree to examine the periodic statement within 14 days after the statement is mailed and immediately notify us of any discrepancy or error. If you fail to notify us within 14 days after the statement is mailed you shall discharge and relieve us from any liability of claims, demands or expenses (including attorney's fees) in connection with such discrepancy or error.

Notice Regarding Identification of Beneficiary: If you give St Joseph's Hospital FCU a payment order which identifies the beneficiary (recipient of the funds) by both name and an identifying or account number, payment may be made by the beneficiary's bank on the basis of the identifying or bank account number, even if the number identifies a person different than the named beneficiary. This means that you will be responsible to the credit union if the funds transfer is completed on the basis of the identification number you provided the credit union.

Notice Regarding Identification of Banks: If you give St Joseph's Hospital FCU a payment order which identifies an intermediary of beneficiary's bank by both name and an identifying number, a receiving bank may rely on the number as the proper identification even if it identifies a different person than the named bank. This means that you are responsible for any loss or expenses incurred by a receiving bank which executes or attempts to execute the payment order in reliance on the identifying number you provided.

Notice of Receipt: If the credit union received a funds transfer for you or for other persons authorized to have access to your account, you agree that the credit union is not obligated to provide you with next-day notice of the receipt of the funds transfer. The credit union will provide you with the notification of the receipt of all funds transfers by including such items in the periodic account statements which we provide. You may, of course, inquire between receipts of periodic statements whether or not a specific funds transfer has been received.

Payment of Interest: If the credit union becomes obligated under Article 4A to pay interest to you, you agree that the rate of interest to be paid will be equal to the dividend rate, on a daily basis, applicable to the account of the credit union to which the funds transfer should have been made or from which the funds transfer was made. The Credit Union's liability is limited to the payment of this interest. You 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.

Security Procedure: 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 and detect errors in the transmission or content of the payment order. The credit union may use the telephone numbers you provide on the Wire Form and/or telephone numbers that are available on our system to contact you regarding this wire transfer request. This call may include authentication of personal information to verify the identity of the person requesting this wire transfer. 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.

Timeframe for Transmittal of Funds: Domestic Wire Transfers are transmitted prior to 3:00 PM Monday through Friday, excluding Federal Holidays. It may take up to 24 hours to process this wire transfer once the credit union receives the initial request.

By signing this form and the Wire Transfer Form, you are indicating that you have read and understand the above disclosures and agree to these terms and conditions and that we may charge your account for the amount of the wire plus fee.

Member's Signature: _____
Social Security Number: _____ - _____ - _____



OUTGOING WIRE TRANSFER REQUEST FORM

Domestic International

DATE: _____

MEMBER ACCT NUMBER: _____

MEMBER NAME: _____

MEMBER ADDRESS: _____

AMOUNT: \$ _____ FEE: _____ TOTAL: \$ _____

RECEIVING BANK NAME: _____

RECEIVING BANK ABA/SWIFT CODE: _____

RECEIVING BANK ADDRESS: _____

BENEFICIARY NAME: _____

ACCOUNT NUMBER TO CREDIT: _____

BENEFICIARY ADDRESS: _____

SPECIAL/FURTHER CREDIT INSTRUCTIONS: _____

Timeframe for Transmittal of Funds: Domestic Wire Transfers are transmitted prior to 3:00 pm EST Monday through Friday, excluding Federal Holidays. It may take up to 24 hours to process this wire transfer once the credit union receives the initial request.



By signing this form and the Wire Transfer Disclosure Form, you are indicating that you have read and understood the above disclosures and agree to these terms and conditions and that we may charge your account for the amount of the wire plus fee.

MEMBER SIGNATURE: _____

DAYTIME PHONE: _____

SOCIAL SECURITY NUMBER: _____

PHOTO ID (valid Driver's License, State ID or Passport) MUST ACCOMPANY THIS FORM

INTERNAL CREDIT UNION USE ONLY

To be Completed by Branch Receiving Member Request:

Branch location: _____ Date: ___/___/___ Time: _____

Method of Request: _____ In Person _____ Phone _____ Fax _____ Mail _____ Other

OFAC (verify/attach all): _____ Sender _____ Beneficiary _____ Financial Institution

Reference Number: _____

FSR/FSO Signature: _____ Date: ___/___/___

Supervisor/Approving Employee Signature: _____ Date: ___/___/___