

Please fax completed form to 619-588-2197
 before 12:00 noon for same day wire transfers

| Member Information | | |
|-----------------------------|--|---|
| Member's Account Number | | Type of Account being Sent from: <input type="radio"/> Savings <input type="radio"/> Checking <input type="radio"/> Other _____ |
| Member's Name & Address | | |
| | | |
| | | |
| Amount of Funds to be Wired | | Type of Wired Currency: <input type="radio"/> Domestic US Dollars <input type="radio"/> International US Dollars <input type="radio"/> International – Other _____ |
| Driver's License Number | | |

| Name and information of Financial Institution receiving the wired funds | |
|---|--|
| Name of Bank / Credit Union / Financial Institution | |
| Address of Financial Institution | |
| | |
| Routing Number | |

| Where / Who is money being wired to: | | |
|--------------------------------------|--|--|
| Final Credit to | | Account Number |
| Address | | |
| | | Account Type <input type="radio"/> Checking <input type="radio"/> Escrow # _____ <input type="radio"/> Savings <input type="radio"/> Other _____ |

| Correspondent (Occasionally used on International Wires only when 2 Financial Institutions are being used) | |
|--|--|
| Correspondent Financial Institution | |
| Address | |
| | |
| Routing Number | |

NOTE: East County Schools Federal Credit Union charges a \$25 fee for all outgoing domestic wire transfers. Member
 The fee is \$45 for International Wires. Initial _____

I (the undersigned) hereby authorize my account be charged for the dollar amount of this wire and also understand that the funds transferred pursuant to the above instructions will only be made to the above specified recipient. I agree not to hold East County Schools Federal Credit Union responsible for any changes incurred if the funds are not received or credited to a specified account. I also understand that a fee will be charged to my account in accordance with your Schedule of Fees and Charges in effect at the time.

I understand and agree that the Credit Union shall not be liable for any loss or liability arising from: 1) any unauthorized or incorrect transfer or interest thereon which I fail to report to the Credit Union within 30 days of receipt of notification of the transfer; 2) any negligent or intentional action or inaction on the part of any person not within this Credit Union's reasonable control, including, but not limited to, the failure of other financial institutions to provide accurate or timely information; 3) the failure of other financial institutions to accept a funds transfer order; 4) any inaccuracy in my instructions given to you; or 5) any error, failure, delay, cancellation or amendment in the execution of this funds transfer request caused by circumstances beyond the Credit Union's reasonable control, including but not limited to, any computer or communication failure.

If you authorize a payment order which identifies the beneficiary (recipient of the funds) by both name and identifying or account number, payment may be made to 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 if the funds transfer is completed on the basis of the identification number you provided to ECSFCU. By signing below, you also agree to indemnify and hold harmless East County Schools Federal Credit Union from any and all liability related to this wire transfer, except as caused by Credit Union's negligence.

Member Signature _____ Date _____

*****CREDIT UNION USE ONLY*****

SIGNATURE AUTHORIZED WIRE

Request Received By _____ Date _____ Time _____

Identification Method _____

CALL BACK – SIGNATURE AUTHORIZED REQUEST FOR WIRE AMOUNT OVER \$2,500

Call Back Completed By _____ Date _____ Time _____

I.D. Method _____
(Must be a minimum of two, one of which must be a recent transaction on the member account that has not yet appeared on a member statement.)

PRE-AUTHORIZED TELEPHONE REQUEST

Request Received By _____ Date _____ Time _____

I.D. Method _____
(Must include a minimum of two, one of which must be the pre-established wire password)

Call Back Completed By _____ Date _____ Time _____

I.D. Method _____
(Must include a minimum of two, one of which must be the pre-established wire password)

CATALYST SUBMISSION

Wire Submitted By _____ Date _____ Time _____

Confirmation Number _____ OFAC Verification _____

Wire Verified By _____ Date _____ Time _____