



Wire Transfer Authorization Form

By signing below, I authorize Cy-Fair Federal Credit Union (the Credit Union) to initiate the attached wire transfer. By authorizing this wire transfer, I understand and agree to all conditions listed below:

The instructions, which I have provided, are correct, and I am responsible for any errors resulting from incorrect/inaccurate information provided.

I authorize the Credit Union to use any means suitable for the transmission of funds and agree that in carrying out this wire transfer, the Credit Union acts only as an agent.

If not presented in person, we will perform a call back verification using the phone numbers on file. We cannot use phone numbers changed in the last 30 days.

I hereby release the Credit Union from all liability from any loss unless the loss arises out of the Credit Union's failure to act in accordance with the instructions provided in this Wire Transfer Request.

If the instructions provided identify the beneficiary both by name and account number or some other identifying number, such as a Social Security Number, payment of the wire transfer may be made solely on the basis of the number provided, even if the name and number identify different persons.

If the instructions provided identify the beneficiary institution by name and a routing and transit number or other identifying number, the Credit Union may rely on the number I provided as proper identification, even if the number identifies another institution that is different from the named institution.

I authorize the Credit Union to utilize the Catalyst Corporate Federal Credit Union system for this wire transfer and understand that Federal law, including Federal Regulation J, may apply as a result thereof.

The Credit Union will not make any refund to me for the cancelled request until after the Credit Union has received confirmation of the returned funds. The Credit Union has no influence or responsibility for fees or surcharges charged by other institutions involved in the transfer of funds.

Wire transfer instructions received after 3:30 pm (CST) for domestic outgoing wires, after 2:30 pm (CTS) for international outgoing wires, after 4:30 pm (CTS) for domestic Western Union wires, or on a day the Federal Reserve Bank is not open for business, will be processed on the following business day.

International Wire Transfers are not guaranteed, and the Credit Union is not responsible should problems occur with the wire. International Wire Transfers can take up to two weeks or more to arrive at the instructed destination.

International Wire Transfers cannot be sent to Afghanistan, Angola, Burma, Cuba, Iran, Iraq, Kosovo, Libya, Montenegro, North Korea, Serbia, Sudan, and Yugoslavia. Other countries may be added to the list at any time in accordance with the Office of Foreign Assets Control (OFAC).

Member Name (Printed): _____

Member Signature: _____ **Date:** _____

ID Type/Number: _____

Received by: Phone Fax In Person Email

ID Verified by: _____ **Date:** _____



Wire Transfer Authorization Form

Wire Transfer Request

DOMESTIC WIRE

INTERNATIONAL WIRE

WESTERN UNION (Domestic)

MEMBER INFORMATION:

Account #: _____ Date: _____

Primary Owner: _____ Joint Owner: _____

Address: _____ Driver License #: _____

City, State, Zip Code: _____ Daytime Phone: _____

U.S. Dollars ONLY

Amount of Wire: \$ _____

Fees: \$20 Domestic Wire

Fees: \$ _____

\$40 International Wire

Total Debit: \$ _____

\$20 Western Union (Plus, any add'l fees)

Account to Debit (check one):

Shares

Checking

Money Market

WIRE FUNDS TO:

Name of Financial Institution: _____ ABA/Routing Number (9-digit): _____

Address: _____

City, State, Zip Code: _____

International Wire: _____

Swift Code Required for International Wire ONLY

Country

BENEFICIARY (Person Receiving Wire):

Name: _____ Account # or IBAN#: _____

Address of Person Receiving Wire: _____ City: _____ State: _____ Zip: _____

Purpose of Payment (required): _____

Western Union Password (Optional): _____

FOREIGN OR SECONDARY BANK (If Necessary):

ABA/SWIFT: _____ Name of Foreign Financial Institution: _____

Foreign Bank Address: _____

Foreign City: Country: _____

Member's Signature (Originator)

Date

FOR CREDIT UNION USE ONLY

Employee: _____ OFAC Check: _____

Call-back by 2nd Employee: _____ Date & Time: _____

Keyed by: _____ Date & Time: _____