

International Wire Transfer Request

Senders Name: _____
 Senders Address: _____
 City _____ State _____ Zip _____
 Charge account number: _____ Wire fee: **\$27.50**
 Wire Amount: \$ _____
 Written Amount: _____
 Member's Social Security Number: _____
 Phone number where member can be reached: _____

<i>Target Bank / Account Information</i>

Receiving Bank Name: _____
Receiving Bank SWIFT or Bank Code: _____
Bank Address (mandatory): _____
City: _____ **Country:** _____

<i>Beneficiary Information</i>

Name of Beneficiary: _____
Beneficiary's address: (mandatory): _____
City: _____
Country: _____

Bank Account or IBAN number: _____
Reason for Wire (mandatory): _____

 Additional information, if any: _____

Authorization

Member authorizes and request credit union to execute this transfer request in accordance with the information written above and further acknowledges that he/she has read and agrees to all of the terms and conditions set forth below.

MEMBER'S SIGNATURE: _____ **DATE:** _____

EMPLOYEE SIGNATURE: _____ **Branch:** _____
Extension: _____

Terms and Conditions:

- (1) Zeal Credit Union is not responsible for charges incurred against wired funds from intermediary institutions while funds are en-route to the destination institution.
- (2) You have provided accurate information regarding beneficiary and beneficiary financial institution. Payment will be made based on account and financial institution that you provide, even if the numbers identify individuals or entities different than the names provided in the wire transfer request. You will be responsible for any losses or expenses arising from inaccurate information provided by you.
- (3) Member shall have no right to cancel or amend a transfer after it has been sent by the credit union
- (4) If a transfer requested by member is payable in U.S. Dollars, the Credit Union does not guarantee that its correspondents can or will make payment in U.S. Dollars, nor does the Credit Union guarantee that there will be a charge made by some other bank or other entity effecting the transfer issued or made hereunder. The Credit Union is in no way responsible for the timely deposit of wired funds sent outside the U.S., which may take up to 10 business days to be received by the beneficiary.

For telephone wire requests, the wire receiver's name must be the same as the sender's unless written authorization is received prior to the transfer. Faxed signatures not valid. Social Security Number must be verified for all wires.

BRANCH INSTRUCTIONS

SEQ: _____

ASK THE MEMBER TO WAIT WHILE YOU FAX THIS FORM TO THE PAYROLL DEPARTMENT (734-466-6152) AND CALL (EXT. 216, 217, 119) TO VERIFY THE ABA NUMBER(S). SEND PAYROLL THE SIGNED ORIGINAL THROUGH INTER-OFFICE MAIL