

**Domestic Wire Transfer Request** 

From	: Member Name:		
	Member Address:		
	Member Account #:		_ Type: Checking or Savings
	Wire Amount: \$		
To:	Receiving Financial Institution:		
	FI Routing Number:		
	Receiver's Account Number:		
	Receiver's Name:		
	Receiver's Street Address*:		
	*No Post Office Boxes		
	Receiver's City:	State:	Zip:
Interi	mediary FI (if applicable):		
	FI Name:		
	FI Address:		
	FI Routing Number:	Account #:	
Additi	onal Information*:		
*Please By sigr	attach any wiring instructions if available. ning this form, you acknowledge that	at you have reviewed the above information the terms and conditions that accompany	on and it is correct. You
Memb	er Signature:	C	Date:





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## OUTGOING WIRE TERMS AND CONDITIONS

You represent that the information on the front is correct and acknowledge responsibility for any errors resulting from incorrect/inaccurate information provided. You authorize Oregon Community Credit Union ("Credit Union") to use any means it deems suitable for the transmission of the funds and understand and agree that in carrying out this wire transfer, the Credit Union acts only as an agent. You hereby release the Credit Union from all liability from any loss unless the loss arises out of the Credit Union's failure to exercise ordinary care, failure to act in good faith, or failure to act in accordance with your instructions as documented on this authorization. The Credit Union assumes no responsibility for the timeliness of receipt or delivery.

The Fedwire System may be used for this wire transfer. Federal Reserve Regulation J is the law covering Fedwire transactions. If you give the Credit Union a payment order which identifies the beneficiary (recipient of the funds) by both name and an identifying account number, payment may be made by the beneficiary's bank on the basis of the identifying account number, even if the number identifies a person different from the named beneficiary. If you give the Credit Union a payment order which identifies an intermediary or 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 institution than the named bank.

The Credit Union will not be liable for failure to process a payment order due to legal constraint, interruption or failure of transmission and/or communications facilities, war, emergency, labor dispute, act of nature, or other circumstances beyond the control of the credit union.

The Credit Union shall have no obligation to accept any payment order directed to or through persons, entities, or countries restricted by government regulation or prior Credit Union experience with particular countries.

You authorize the Credit Union to debit the amount shown on the payment order to pay for this transfer. The Credit Union will not process a payment order if you do not have a sufficient available balance on deposit in the appropriate account to execute the payment order. The Credit Union has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of the funds. Any additional fees imposed by other financial institutions will be deducted from the principal of the wire.

Daily cutoff times are 1:30 p.m. for domestic wires, Monday through Friday. Wire Transfer requests received via fax or electronically must be notarized and accompanied by non-expired, government issued photo ID. Payment orders received after those times or on a day the Credit Union is open for business but the Federal Reserve Bank is closed, will be processed on the following business day. If the Credit Union feels additional account verification is necessary, the processing of your wire request may be delayed.

Completed forms including notary and current government issued photo ID may be emailed to <u>EServicesSupport@MyOCCU.org</u>, faxed to 541.681.6100 or dropped off at a local branch.





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County of:		

l,	_, a Notary Public, do hereby certify that on				
this day of, 20	, personally appeared before me				
, known to me to	b be the person whose name is subscribed				
to the foregoing instrument, and swore and	acknowledged to me that they executed the				
same for the purpose and in the capacity therein expressed, and that the statements					
contained therein are true and correct.					
Notary public signature:					

Name (typed or printed): \_\_\_\_\_

My commission expires:	
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