



770 Golden Gate Avenue • San Francisco, CA 94102-3195
 Phone: (415) 775-5377 • Outside 415 Area: (800) 852-7598

INTERNATIONAL WIRE TRANSFER REQUEST FORM

Daily (Monday -Friday) Deadline for Wire Transfer is at 1:00 p.m., \$30 Service Fee

Please print or type. All information must be completed and accurate. If a member requests a wire transfer via fax, phone or email, San Francisco Federal Credit Union may call the member at the phone number on record in order to verify the identity of the sender for security purposes prior to sending the wire. For wires greater than \$2,000.00 sent to third parties, request must be submitted in person.

Requesting Member Name		Member # and Account Type	Date
Physical Address (No P.O. Box)		\$ _____	
City, State, Zip Code			
Phone #		Wire Amount	
		\$	
Foreign Bank Name			
Street Address			
City		Postal Code	Country
Phone #		Bank Info	
Swift #			
IBAN (Required for Wire Transfer to Europe)			
Beneficiary Name			
Final Credit or Payment To Beneficiary Account #			
Street Address, City, Zip Code			
Country		Phone #	
Special Instructions			

NOTICE OF THE USE OF FEDWIRE: If you send or receive a wire transfer, FEDWIRE may be used. Regulation J and Article 4A of the Uniform Commercial Code are the Law covering all FEDWIRE transactions.

NOTICE: The San Francisco Federal Credit Union has a right to rely on any account or routing numbers furnished by you as sender or any numbers transmitted with a wire transfer from another financial institution for your benefit with reference to the deposit of the funds received.

NOTICE: By Federal Law all Wire Funds Transfers are verified against the Office of Foreign Asset Control (OFAC) Specifically Designated Nationals (SDN) List.

NOTICE: Currency conversion from U.S. dollars to be performed by the recipient country financial institution upon receipt.

ADDITIONAL TERMS:

1. This Request is not an actual wire transfer order. Only San Francisco Federal Credit Union can execute a wire transfer order out of your San Francisco Federal Credit Union account. San Francisco Federal Credit Union will make a good faith effort to execute a wire transfer order according to the instructions issued by your in this Request.
2. The recipient financial institution may charge a fee for receipt of this wire, which may reduce wire proceeds.
3. Member may call (415) 775-5377, option 4, to confirm the status of this request.
4. We will not be liable for damages to you or a third party if we carry out the written instructions in a reasonable manner. If you ask us to trace a wire, we will charge a \$20.00 fee.
5. We will not be liable for indirect, consequential or punitive damages in the event that loss is sustained because we have failed to carry out instructions in a reasonable manner. Our liability is limited to the amount of the wire transfer. We are not responsible for exchange rate fluctuations on international wires.
6. Wire transfers will be reflected on your monthly statement. You agree to examine your statement promptly and notify us of any wire transfers errors within 14 days after the mailing date of the statement. If you do not notify us within 30 days of the mailing date of the statement, we will not be liable for any claims, demands or expenses related to the error.

I HAVE READ AND AGREED TO THE FOREGOING CONDITIONS.

Member's Signature	Date
--------------------	------

Internal Use Only

I Wire – MSS0205	Prepared by – Employee Name	Branch & Opr. #	Ext. #
Verification By: <input type="checkbox"/> Call Back (Date & Time) _____ <input type="checkbox"/> Signature Card <input type="checkbox"/> Password			
<input type="checkbox"/> State ID/Driver's License # _____ <input type="checkbox"/> Passport # _____			
Debit Member's Account and Credit GL 1.161.5		\$	
Debit Member's Account and Credit GL 4.461.4		<input type="checkbox"/> \$30.00 <input type="checkbox"/> Fee Waived	