

Rev. 2017.12.08

Wire Transfer Cutoff Time is 2:00 pm (Monday-Friday) All information must be completed legibly and accurately. Original originator signatures required.

Today's	Wire	Purpose of							
Date	Amount (USD)			Wire (Required)					
Originator - (Authorized Account Holder)									
Name				Member #		Suffix #			
Physical Address									
(No P.O. Box)									
City		State	Zip		Phone #				
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	Bene	eficiary Financial Institut	ion						
eneficiary Financial Istitution Name				Beneficiary Finance					
				Routing # (9-digit	number)				
Beneficiary Financial Institution Address (No P.O. Box)									
			Stat						
City				te	Zip				
DFI Telegraph									
Name (as applicable)									
		Beneficiary							
Beneficiary				Beneficiary					
Name					Account #				
Beneficiary									
Address (No P.O. Box)									
City			State		Zip				
Special Instructions (as applicable)									
(i.e. FBO Instructions,					Escrow #				
Attention Notes, etc.)									
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**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.

## 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 you 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.

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.

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 AGREE TO THE FOREGOING CONDITIONS

Originator	Date	Received After Cutoff Time. Wire
Signature	Signed	to be Processed Next Business Day (Originator Initials as applicable)

FOR BRANCH USE ONLY											
Wire Amount Debited (Credit GL 1.101.4)   Wire Fee Debited (Credit GL 4.461.4)		ID Type Verified			Identification Number				□ ID Compared/ Uploaded to OnBase		
Accepted	Accepted				Title		Operato	r #		Date	
by Name	by Signature										
Approved	Approved				Title	Operat	or #	Date		Initial for Over	
by Name	by Signature									Limit Request	
FOR EPC USE ONLY											
Entered by	Verifi	ed by			Approved by				FedL	ine	
Name/Op #	Name	e/Op #			Name/Op #				Proc Date		
Date	Date				Date					OFAC Checked Wire Worksheet Complete	