

SOUTH FLORIDA FEDERAL CREDIT UNION

Outgoing - Single Wire Transfer Funds & Transfer Request Agreement

Member Information: (Originator)

Time: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: () _____

ID Produced: _____ Account Number _____

SSN: _____ - _____ - _____

Amount \$ _____ Fee: _____ Payment Method: [] account [] check [] cash [] other

Date of transfer: _____ Payments Instruction: _____

Recipient Information:

Further Credit (Intermediary FI):

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____

Financial Institution: _____

ABA# _____ - _____ - _____ Account Number: _____

Other Identifier: _____

Final Credit to: (Beneficiary)

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____

Financial Institution: _____

ABA# _____ - _____ - _____ Account Number: _____

Other Identifier: _____

Any Instructions or memo to beneficiary? _____

*****Below for Credit Use Only*****

\$20.00 Domestic Wire []

\$35.00 International Wire []

Employee accepting wire _____ OFAC Screening of Recipient _____

Account Debit by _____

Verification Number _____ Online member smart [] Sequence # _____

Attached wire details print out.

(Double Sided Original)

Agreement: By requesting this funds transfer, the undersigned member (“you”) and South Florida Federal Credit Union (“Credit Union”, we”, “us” or “our”) agree as follows:

Regulation J determines the rights and liabilities for Fedwire wire transfers, and Florida’s Uniform Commercial Code Article 4A determines rights and liabilities for non-Fedwire wire transfers. You agree to examine the periodic statement within 14 days after the statement is mailed and immediately notify us of any discrepancy or error. If you fail to notify us within 14 days after the statement is mailed you shall discharge and relieve us from any liability of claims, demands or expenses (including attorney's fees) in connection with such discrepancy or error. If a beneficiary is identified by name and/or only by an identifying or account number, payments to the beneficiary may be made using that identifying or account number even if the number identifies a person different than the named beneficiary. If a payment order identifies an intermediary party or beneficiary's financial institution by both name and/or only an identifying or account number, we and any receiving financial institution may rely on the number as the proper identification of the intermediary party or beneficiary's financial institution. You agree to indemnify the Credit Union for any loss or expense that results from its reliance on an incorrect identifying or account number.

Any rate of interest that the Credit Union may be obliged to pay as a penalty under Regulation J or Florida law shall be equal to the dividend rate paid on the account from which the funds transfer should have occurred or to which the proceeds of the fund transfer were or should have been deposited, whichever is lower. The Credit Union's liability is limited to the payment of this interest. You agree that under no circumstances will the Credit Union be liable for any indirect, incidental, consequential, remote or special losses or damages, including attorney's fees and costs.

The cut-off time is 2:00 PM each weekday we are open that is not a holiday. Orders received after the cut-off time are treated as being received the next day we are open. The cut-off time may be extended without notice to you if an intermediary or beneficiary institution is closed. We are under no obligation to accept a payment order, cancellation or amendment, but may do so at our option. We are not obligated to give you notice of such action but notice may be given in your next periodic statement or as otherwise required by law. Funds transfers will be made in accordance with our rules, procedures, and fees as amended from time to time. We may cancel or modify this agreement at any time without prior notice to you. You may not modify this agreement without prior written approval from us. No representation or statement made by any employee of ours shall be binding on us.

All payment orders, amendments and cancellations orders will be made according to the Credit Union's security procedure. The security procedure is intended to verify that an order is authorized and detect errors in the transmission or content of the payment order. The security procedures we will use are: 1) completion of the wire transfer form, 2) positive photo I.D. for requests in person 3) notarized signature for requests through the mail, 4) notarized signature if facsimile request and telephone verification. A payment order, amendment or cancellation order verified by the security procedure is effective as your order, whether or not the order is in fact authorized by you. You agree to the above security procedure.

Member Signature

Date

Employee Sending Wire: _____ Verified by: _____