

WIRE TRANSFER REQUEST/AUTHORIZATION



Wire Fee: ☐ \$15.00

Purpose: _____

Wire Number: _____

Approval > \$5,000: _____

Date: _____ Time: _____ Amount: _____ Funds Verified: ☐

Method (select one): ☐ IN BRANCH ☐ FAX* ☐ EMAIL*

HEART OF LOUISIANA CREDIT UNION MEMBER INFORMATION:

Name: _____ Account #: _____

Member ID Type: _____ Verified ID #: _____

Physical Address: _____

City/State/Zip: _____

RECEIVING FINANCIAL INSTITUTION:

Name of FI: _____ Routing/Transit Number: _____

Physical Address: _____

City/State/Zip: _____

SWIFT Code (if applicable): _____

BENEFICIARY'S PERSONAL INFORMATION:

Name of Recipient: _____ Account Number: _____

Physical Address: _____

City/State/Zip: _____

BENEFICIARY OR INTERMEDIARY FINANCIAL INSTITUTION:

Name of FI: _____ ABA/SWIFT CODE: _____

Physical Address: _____

City/State/Zip: _____

FI TO FI SPECIAL INSTRUCTIONS:

The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect/inaccurate information provided. The undersigned authorizes Heart of LA FCU (The "Heart") to use any means it deems suitable for the transmission of the funds and understands and agrees that in carrying out this wire transfer, the Heart acts only as an agent. The Undersigned hereby releases the Heart from all liability from any loss unless the loss arises out of the Heart's failure to exercise ordinary care, failure to act in good faith, or failure to act in accordance with the undersigned's instruction given pursuant to this Authorization. If the undersigned's Authorization identifies the beneficiary both by name and an identifying bank account number and the name and number identify different persons, payment or cancellation of the order may be made solely based on the number. The Fedwire System may be used for this wire transfer. Federal Reserve Regulation is the law covering Fedwire transactions. The Heart will not be liable to make any refund to undersigned for canceled requests until after the Heart receives confirmation of the returned funds. The Heart has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of the funds. The undersigned represents that a copy of the Wire Transfer Agreement was received and understood. **Wire transfer instructions received after 12:00 (noon) CST, or on a day the Federal Reserve Bank observes as a holiday and the Heart is open for business, will be processed on the following business day.**

Member Signature: _____ Phone: _____ Date: _____

Processed By(employee): _____ Teller #: _____ Date: _____

THIS SECTION FOR CREDIT UNION USE ONLY

*VERIFICATION METHODS (3 METHODS REQUIRED ON WIRES NOT CONDUCTED IN BRANCH):

DOB: _____ Call Back Verification by: _____

Last 4 of SSN: _____ Print: _____ Teller #: _____

Source of last deposit: _____

Driver's license # _____ Sign: _____

Mother's maiden name: _____