

IBM Southeast Employees' Federal Credit Union
DOMESTIC WIRE TRANSFER FORM

PLEASE PRINT OR TYPE. ALL INFORMATION MUST BE COMPLETE AND CORRECT. RETURN SIGNED FORM TO FAX (561) 226-5415.

For verification, we may call back any Member who requests a wire transfer. Callbacks are made to your phone number of record prior to processing. Wires received with call back verification successfully completed, will be processed within 24 hours of receipt, or by the end of the next business day. Wire transfers must be requested in writing on the most recent wire transfer form, and must include a clear legible copy of your unexpired government issued photo identification. When sending the copy of your identification, please enlarge the image, to ensure the copy is as clear and legible as possible. Wire transfer forms that are incorrect, incomplete or illegible will not be accepted. Prior to sending your wire request, verify your contact information and available funds with Online Banking at www.ibmsecu.org. For assistance, call 800-873-5100 or 561-982-4700 or email serviceplus@ibmsecu.org.

Date:		Time:		This is your Authority to Wire (Amount): \$			
MEMBER NAME:				MEMBER #:			
Purpose:			Account Charged (S Type):		Wire Fee (Based on REWARDS): \$		
ID Type: [] Driver's License [] Passport [] State ID <small>Attach a clear and legible copy of your unexpired government issued photo identification.</small>			ID #:				
Street Address:							
City:				State:		Zip Code:	
Phone #:				E-mail:			
RECEIVING BANK NAME: <small>Please DO NOT use Acronyms or Abbreviations.</small>							
A. B. A. #* * <small>Must be 9 Digits</small>							
<small>** Please be advised that the American Bankers Association (ABA) Routing & Transit Number (R&T) shown on your Check or Deposit Slip may not be the appropriate number for processing your request. Please contact the Receiving Bank and verify this information prior to completing this form.</small>							
Street Address:					Phone #:		
City:		State/Province:		Country:		Zip Code:	
Final Credit Or Payment To BENEFICIARY ACCOUNT #:							
BENEFICIARY NAME(S):							
Relationship To Member:					Phone #:		
Street Address:							
City:		State/Province:		Country:		Zip Code:	
<small>When Applicable, Third Party Information: Not necessarily a bank that holds account of beneficiary of Funds Transfer. (credit cards, mutual funds, stockbrokers, etc.)</small>							
THIRD PARTY ACCOUNT #:							
THIRD PARTY NAME:							
Street Address:					Phone #:		
City:		State/Province:		Country:		Zip Code:	
Special Instructions:							
DISCLOSURE INFORMATION FOR DOMESTIC WIRE FUNDS TRANSFERS							
<small>NOTICE OF THE USE OF FEDWIRE: If you send or receive a wire transfer, FEDWIRE may be used. Regulation J is the Law covering all FEDWIRE transactions. NOTICE REGARDING IDENTIFICATION OF BENEFICIARY (Florida Statute 670.207 (3) (b)): If you give IBM Southeast Employees' Federal Credit Union a payment order which identifies the beneficiary (recipient of the funds) by both name and identifying or account number, payment may be made by the beneficiary's bank or Credit Union on the basis of the identifying or bank or Credit Union account number, even if the number identifies a person other than the named beneficiary. NOTICE REGARDING IDENTIFICATION OF BANKS (Florida Statute 670.208 (b)): If you give IBM Southeast Employees' Federal Credit Union a payment order which identifies an intermediary or beneficiary bank or Credit Union by both name and an identifying number, a receiving bank or Credit Union may rely on the number as the proper identification even if it identifies a different person than the named bank or Credit Union. NOTICE: By Federal Law, all Wire Funds Transfers are verified against the Office of Foreign Asset Control's (OFAC) Specifically Designated Nationals (SDN) List.</small>							
I HAVE READ AND AGREE TO THE FOREGOING CONDITIONS.							
Member's Signature:						Date:	
<small>PDF - R02/10</small>		FOR CREDIT UNION USE ONLY				Employee: [] Known or [] ID	
Prepared By - Employee Signature:				Branch & Op. #'s:		Ext #:	
Wire Transfer Instructions via: [] In Person [] By Phone [] Fax [] Email [] Mail				Credit Union Initiated: [] Loan or Credit Card Payment or [] Mortgage Funding			
Signature Verified By: [] Application or [] Account Card		Member Verified By: [] Password [] SSN / EIN [] DOB / INC [] ID		Data Tracking Change: [] Yes [] No			
Security Question #'s:		Security Question Answers:					
Callback By (Name & Op. #):			Callback Date & Time:			Callback Phone #:	
Manager's Approval (Initials & Op. #):			Reason:				
"OUT DOM WT" Touché Request to Accounting #:			Accounting OFAC (Initials & Op #):			Touché Finalized Date:	