NEZARI

FUND WIRE TRANSFER REQUEST

IMPORTANT INFORMATION – This document supports consumer domestic transfers, business domestic transfers, and business international transfers. This document will also support consumer international transfers that are not deemed remittance transfers.

☐ One Time ☐ Subject to Fund/Wire Transfer Agreement

MEMBER NO.:

You may identify the payee in any financial institution by name and an account number or other recognized identifier. The Credit Union and other financial institutions may rely on the account or other identifying number in the payee identification, even if it identifies a different party or institution. You authorize the Credit Union to charge or debit your account for the amount of the transfer. If the account is in the personal ownership, you agree that Credit Union may process the transfer under Regulation E. If the account is not in the personal ownership, you agree that Credit Union may process the transfer under Article 4A of the Uniform Commercial Code, as amended from time to time, and any other applicable laws and regulations governing such transfers. If the transfer is a consumer transfer, it is not subject to Regulation E, and the transfer is deemed to be governed by Regulation J.

ACCOUNT OWNER SIGNATURE REQUIRED BELOW FOR ACH DATE

X

SENDER / PAYER INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Day Phone No: _____

Transfer Amount: $ _____

Domestic Wire Fee: $15.00

Debit Account type: ☐ Savings ☐ Checking

Special Payment Instructions from Sender: _____

RECIPIENT PAYEE INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Country: _____

Account No. or IBAN: _____

Special Identifier of Recipient: _____

SSN: _____ TIN: _____

DL#: _____

RECIPIENT PAYEE FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____

Address: _____

City, State, Zip: _____

ABA Routing/Transit No: _____

Swift/Sort Code: _____

Branch Information: _____

Special Routing Instructions: _____

INTERMEDIARY FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____

Address: _____

City, State, Zip: _____

ABA Routing/Transit No: _____

Swift/Sort Code: _____

Branch Information: _____

Special Routing Instructions: _____

ACCOUNT OWNERS IN GOOD STANDING AND ACTIVE

INTERNAL USE ONLY

Member Confirming Funds Transfer Request:

_____

☐ Transfer requested via: _____

Date and time of request: _____

Primary ID: _____ ID Number: _____

ID Issuer: _____ ID Issue date: _____

ID Expiration date: _____

Debit Account type: ☐ Savings ☐ Checking

Available Balance $ _____

Processed by: _____

OFAC Verification by: _____

Special Instructions: _____

Security Method Used: _____

Date and Time: _____

Processed By: _____

Name: _____ Signature: _____

Employee Performing Callback: _____

Phone No. Used for Callback: _____

Reverse Verification of Secure Telephone No.

_____

Member Canceling Request:

_____

Cancel Date: _____

Processed By: _____

Operations Supervisor Verification:

Signature: _____

Date: _____ Time: _____

Dual Accounting Verification:

1st Name: _____ Signature: _____

Date: _____ Time: _____

2nd Name: _____ Signature: _____

Date: _____ Time: _____

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