WIRE TRANSFER FORM

Please fax completed form to : **(626) 799-6950**
Mail to : **990 S. Fair Oaks Avenue, Pasadena, CA 91105**

SENDER INFORMATION:

*Wires over $2,500 must be done in person & all wires to a 3rd party must be done in person

Member Name:	Member Account # And Share Type:
Home Phone Number:	Daytime Phone #:
E-mail:	

DESTINATION INFORMATION:

Amount:	Fee:
Wire To: (Receiving Institution Name)	ABA#:
Further Credit To: (Correspondent Institution Name)	Account # (For Correspondent Institution)
Final Credit To: (Beneficiary)	Account #: (For Beneficiary)
Address of Beneficiary: Address City: State: Zip:	Other Reference:

You authorize us, E-Central Credit Union, to transfer funds as shown on the Wire Transfer Request Form. Our charges and fees for funds transfer are disclosed in our fee schedule. Other financial institutions involved in the funds transfer may impose additional charges. We may fail to act or delay in acting on a payment order without any liability because of legal constraint, your negligence, interruption of communication facilities, equipment failure, war emergency conditions, or other circumstances beyond our control. We may also fail to send or delay in sending a payment order without any liability if sending the order would violate any guideline, rule or regulation of any government authority. We are not liable for consequential, special or exemplary damages or losses of any kind. You have no right to cancel or amend this payment order. If you ask us to cancel or amend it we may make a reasonable effort to act on your request but we are not liable to you if for any reason this payment order is not amended or canceled. You agree to reimburse us for any costs, losses or damages that we incur in connection with your request to amend or cancel the payment order. If we try to cancel this funds transfer we do not have to refund your money until we determine that the beneficiary has not received the money and the money is returned to us. If we return your money, the refund may not be equal to the amount of the original payment order. The amounts may differ because of charges other banks may impose to return the funds transfer. We have cutoff times for processing payment orders. Orders received prior to 12:00 p.m. (Pacific Time) will be transmitted the same day. If you give us this payment order after the cutoff time we may treat the payment order as if we received it on our next business day. Funds transfer business days will include all normal business days of E-Central Credit Union. You must accurately identify beneficiaries of your payment order. If you give us the name and account number of a beneficiary, we and other financial institutions may process the payment order based on the account number alone, even though the member may identify a person other than the beneficiary named. If you give us the name and identifying number of a financial institution, we and other financial institutions may process the payment order based on the identifying number alone, even though the number may identify a financial institution other than the financial institution named. In these cases, you are still obligated to pay us the amount of the payment order. If any part of the funds transfer is carried by Fedwire, your rights and obligations regarding the funds transfer are governed by Regulation J of the U.S. Federal Reserve Board. You authorize E-Central Credit Union to debit your account to pay for this funds transfer. We notify you about the funds transfer by listing it on you account statement. You must send us written notice, including a statement of relevant facts within 14 calendar days after you receive the first account statement on which any unauthorized or erroneous debit to your account, or any other discrepancy between your record and ours appear. If you fail to notify us within this 14 day period we are not liable or obligated to compensate you for any loss of interest or interest equivalent because of an unauthorized or erroneous debit.

Member Signature X_____ Date: _____

CREDIT UNION USE ONLY:

Supervisor Signature _____ OFAC Proc ☐ TDD ☐

Date: (Received)	Time: (Received)	Employee Name:
Member Identified By: ☐ Mother's Maiden Name ☐ Password ☐ PIN # ☐ Last Transaction ☐ Telephone Call Back ☐ Driver's License # _____ Verified Last Transaction Tran. Type_____ Date_____ Amount_____		
Accounting Sender:	**Accounting** Verifier:	**Accounting** Time And Ref#