

WESCORP OUTGOING WIRE TRANSFER FORM

Note: The member's full name and address is required to process this wire:

Member Name: _____ Member Number: _____ ID#: _____

Street Address: _____ City, State, Zip: _____

Member's Call-Back Phone Number in the case of questions: _____

Req by: Fax Mail Phone E-mail In Person Drivers License #: _____

I hereby authorize Idahy Federal Credit Union to transfer funds by wire as shown below. I understand that my account will be debited for the amount of the outgoing wire and any applicable fees. I agree to hold Idahy Federal Credit Union harmless if the funds are not received and credited due to incorrect information. I have read and signed the Idahy Federal Credit Union funds transfer authorization printed on the back of this agreement.

Member's Signature (required): _____ **Date:** _____

Staff Initial by Verification Method Used:

In Person Wires:	Drivers License		Personally Known		
All Wires:	OFAC List Checked:		Sig Verified w/Mem card :		Date/Time:
Wires over \$5000.00/by Fax/ E-mail/Phone:	Call Back Performed:		Callback # Used:	#Verified How:	Date/Time:
Name of staff member performing callback: _____		Member Name confirming wire callback: _____			
Signature Verified by (emp sig): _____		Date/Time: _____		Verification Method: _____	

Date Effective for Outgoing Wire: _____ Time of day Idahy was contacted for Wire Request: _____

Wires requested after 2:30 p.m. MST will be effective the following business day.

Type of Wire: Third Party International Idahy Staff Authorized to submit wire request to WesCorp: _____

Wire Amount: \$ _____

Receiver FI ABA: _____ Receiver FI Name: _____

The following beneficiary information is required:

Beneficiary Acct No. (Recipient-where funds will be deposited): _____

Beneficiary Name: _____

Beneficiary Street Address _____

City, St, Zip, Country: _____

Beneficiary FI Acct. No. (Correspondent) if any: _____

Beneficiary FI Name (Correspondent) if any: _____

For International Wires, you must complete the following information:

Bank to Bank

Information: Swift Code (req'd): _____

And/or Bank Code: _____

And/or Entire Bank Address: _____

Physical Address _____

Branch Name _____

City _____

Providence _____

Country _____

Verified By: _____

WesCorp Reference Number: _____

Supervisor Approval: _____

Internal Auditor _____

Signature (if reviewed): _____

IMPORTANT: READ CAREFULLY BEFORE SIGNING AUTHORIZATION

You authorize us, Idaho Federal Credit Union, to transfer funds (a "funds transfer") as shown on the front of this payment order. Our charges for the 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 wire or 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 (wire). If you ask us to cancel or amend it, we may make a reasonable effort to act on your request. We are not liable to you if for any reason this payment order is not amended or canceled. You agree to reimburse Idaho Federal Credit Union 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 Idaho FCU. If we return the money, the refund may not be equal to the amount of the original payment order. As an example, the amounts may be different because of a charge other banks, credit unions, or firms may impose to return the funds transfer.

We have cutoff times for processing payment orders. Orders received prior to 2:30 p.m. 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 recognized by Idaho Federal 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 number may identify a person other than the beneficiary named. If you give us the name and identifying number of a financial institution, we or the other financial institution may process the payment order based on the identifying number alone, even though the number may identify a bank, credit union, or firm named. In these cases, you are still obligated to pay Idaho Federal Credit Union the amount of the payment order.

Fedwire is the funds transfer system of the U.S. Federal Reserve Banks. We or any other financial institutions involved may use the Fedwire to make the funds transfer. 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.

When a member issues a payment order, the security procedures involve use of identification methods that may include photo identification, signature verification of original signature, and/or call back procedures by Idaho Federal Credit Union.

You authorize Idaho Federal Credit Union to debit your account to pay this funds transfer. We notify you about the funds transfer by listing it on your 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 records and ours may appear. If you fail to notify us within this 14-day period we are not liable to compensate you for any loss of funds or interest equivalent because of an unauthorized or erroneous debit.

Signed (required): X_____ Date:_____