

## Instructions

### Outgoing – Single Use Funds Request Forms

Complete all requested information under the member information section. Be sure to print legibly to ensure accuracy by credit union personnel. For ID produced please fax a clear copy of your driver's license along with the request form.

Under the receipt information, name and address refer to the name on the account receiving the funds. If the credit union is wiring funds to your account at another financial institution then place your name and address in the appropriate spaces. Complete the remainder of the information requested being careful to write clearly.

Print out the form, sign it and fax to 904-398-5259. If your wire is more urgent in nature be sure to contact a credit union employee by phone so they will be looking for your request. A member service representative must verify your request to wire funds with a call back to phone number(s) the credit union has on file.

Please call 800-749-3228 if you have any questions on completing this form.

**FLORIDA BAPTIST CREDIT UNION**  
 OUTGOING – SINGLE USE Funds Transfer Request Agreement  
 Bank Secrecy Act Recordkeeping Form

Member Information	Recipient Information
Name _____ Address _____ Phone _____ Fax _____ TIN/Social Security Number _____ - _____ - _____ *ID Produced _____ Amount of Wire \$ _____ plus \$15.00 Fee Account # & Suffix to Debit _____ Requested Date to Send Wire _____	Name _____ Address _____ Account Number _____ Phone _____ 1 <sup>st</sup> Financial institution _____ Address _____ ABA/Routing & Transit # _____ 2 <sup>nd</sup> Financial Institution _____ Address _____ ABA/Account # _____
Other Payment Instructions: _____	

Agreement: By requesting this funds transfer, the undersigned member ("you") and FLORIDA BAPTIST CREDIT UNION ("Credit Union", "we," "us" or "our") agree as follows:

Regulation J determines the rights and liabilities for Fedwire wire transfers and Florida's Uniform Commercial Code Article 4A determines rights and liabilities for non-Fedwire wire transfers. You agree to examine the periodic statement within 14 days after the statement is mailed and immediately notify us of any discrepancy or error. If you fail to notify us within 14 days after the statement is mailed you shall discharge and relieve us from any liability of claims, demands or expenses (including attorney's fees) in connection with such discrepancy or error. If a beneficiary is identified by name and/or only by an identifying or account number, payments to the beneficiary may be made using that identifying or account number even if the number identifies a person different than the named beneficiary. If a payment order identifies an intermediary party or beneficiary's financial institution by both name and/or only an identifying or account number, we and any receiving financial institution may rely on the number as the proper identification of the intermediary party or beneficiary's financial institution. You agree to indemnify the Credit Union for any loss or expense that results from its reliance on an incorrect identifying or account number.

Any rate of interest that the Credit Union may be obliged to pay as a penalty under Regulation J or Florida law shall be equal to the dividend rate paid on the account from which the funds transfer should have occurred or to which the proceeds of the fund transfer were or should have been deposited, whichever is lower. The Credit Union's liability is limited to the payment of this interest. You agree that under no circumstances will the Credit Union be liable for any indirect, incidental, consequential, remote or special losses or damages, including attorney's fees and costs.

The cut-off time is 1:30 PM each weekday we are open that is not a holiday. Orders received after the cut-off time will be treated as being received the next day we are open. We are under no obligation to accept a payment order, cancellation or amendment, but may do so at our option. We are not obligated to give you notice of such action but notice may be given in your next periodic statement or as otherwise required by law. Funds transfers will be made in accordance with our rules, procedures, and fees as amended from time to time. We may cancel or modify this agreement at any time without prior notice to you. You may not modify this agreement without prior written approval from us. No representation or statement made by any employee of ours shall be binding on us.

All payment orders, amendments and cancellations orders will be made according to the Credit Union's security procedure. The security procedure is intended to verify that an order is authorized and detect errors in the transmission or content of the payment order. The security procedures we will use are: 1) completion of the wire transfer form, 2) positive photo I.D. for requests in person. 3) a signature for requests through the mail or fax machine {notarization may be required}, and telephone contact for verification of requests by mail or fax. A payment order, amendment or cancellation order verified by the security procedure is effective as your order, whether or not the order is in fact authorized by you. You agree to the above security procedure.

Authorized/Member Signature	Date	*FBCU Employee Only: *Signature verified _____ <span style="display: block; text-align: right; font-size: small;">Initials &amp; Date</span>
2 <sup>nd</sup> Signature if Required By Agreement	Date	*Sequence _____ <span style="display: block; text-align: right; font-size: small;">Number &amp; Initials &amp; Date</span> *Verified By & Date