



P.O. Box 77002
 Springfield, OR 97475
 800.365.1111
 MyOCCU.org

Domestic Wire Transfer Request

From: Member Name: _____

Member Address: _____

Member Account #: _____ Type: Checking or Savings

Dollar Amount: _____ + \$25.00 Fee = Total: _____

To: Receiving FI: _____

FI Address: _____

FI Routing Number: _____

Receiver's Account Number: _____

Receiver's Name: _____

Receiver's Address: _____

Intermediary FI (if needed):

Name: _____

Address: _____

Routing Number: _____ Account #: _____

Additional Information: _____

Purpose of Funds: _____

By signing this form you acknowledge that you have reviewed the above information and it is correct. You have also read, understood and agreed to the terms and conditions that accompany this form.

Member Signature: _____ **Date:** _____

EFT Services Use Only

Date & Time Sent		Wire Sent By		Wire Approved By	
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Federally Insured by NCUA





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OUTGOING WIRE TERMS AND CONDITIONS

You represent that the information on this form is correct and acknowledge responsibility for any errors resulting from incorrect/inaccurate information provided. You authorize Oregon Community Credit Union ("Credit Union") to use any means it deems suitable for the transmission of the funds and understand and agree that in carrying out this wire transfer, the Credit Union acts only as an agent. You hereby release the Credit Union from all liability from any loss unless the loss arises out of the Credit Union's failure to exercise ordinary care, failure to act in good faith, or failure to act in accordance with your instructions as documented on this authorization. The Credit Union assumes no responsibility for the timeliness of receipt or delivery.

The Fedwire System may be used for this wire transfer. Federal Reserve Regulation J is the law governing Fedwire transactions. If you give the Credit Union a payment order which identifies the beneficiary (recipient of the funds) by both name and an identifying account number, payment may be made by the beneficiary's bank on the basis of the identifying account number, even if the number identifies a person different from the named beneficiary. If you give the Credit Union a payment order which identifies an intermediary or beneficiary's bank by both name and an identifying number, a receiving bank may rely on the number as the proper identification even if it identifies a different institution than the named bank.

The Credit Union will not be liable for failure to process a payment order due to legal constraint, interruption or failure of transmission and/or communications facilities, war, emergency, labor dispute, act of nature, or other circumstances beyond the control of the Credit Union.

The Credit Union shall have no obligation to accept any payment order directed to or through persons, entities, or countries restricted by government regulation or prior Credit Union experience with particular countries.

You understand that the Credit Union charges a fee for domestic wire transfers. You authorize the Credit Union to debit the amount shown on the payment order to pay for this transfer and any fees. The Credit Union will not process a payment order if you do not have a sufficient available balance on deposit in the appropriate account to execute the payment order. The Credit Union has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of the funds. Any additional fees imposed by other financial institutions will be deducted from the principal of the wire.

Daily cutoff time is 1:30 p.m. Pacific Time Monday through Friday for domestic wires. Payment orders received via fax or electronically must be notarized and accompanied by a copy of current, government issued photo ID. Payment orders received after that time or on a day the Credit Union is open for business but the Federal Reserve Bank is closed, will be processed on the following business day. If the Credit Union feels additional account verification is necessary, the processing of the payment order may be delayed.

For assistance call: 800.365.1111

Fax completed, notarized form accompanied by a copy of current, government issued photo ID to: 541.681.6106

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NOTARIZATION FOR WIRE

STATE OF _____

COUNTY OF _____

I, _____, a Notary Public, do hereby certify that on this ____ day of _____, 20____, personally appeared before me _____, known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that they executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct.

Notary Signature _____

Notary Public, State of _____

Name (Typed or Printed): _____

My Commission Expires: _____

