## Wire Transfer Request and Confirmation



41 Harvest Lane • PO Box 527 • Williston, VT 05495

				ı	nefcu.com • 802-879-	-8/90 • 800-400-8/90
ACCOUNT INFORMAT	ION					1
Member Name		Acco	Account Number			2
Physical Address		City			State	ZIP
Mailing Address		City			State	ZIP
Domestic Internation	nal					
Note: All wire transfers are in	Amount of Transf	er (US\$ only)			Wire Fee	
Note: All wire transfers are in TRANSFER TO	US dollars only.					2
TRANSIER TO						2
Financial Institution				ABA	A/Swift Code	
Physical Address		City	State	e/Prov. ZIF	(Postal Code)	Country (Required)
Purpose of Funds (Required)						
BENEFICIARY INFOR	MATION					4
Beneficiary Name				Acc	count Number	
Physical Address		City	Ctat	2/Dway 715	(Postal Code)	Country (Dogwined)
Physical Address		City	Stati	e/Prov. ZIF	(Postal Code)	Country (Required)
Reference						
FURTHER CREDIT TO	!					3
Financial Institution				Acc	count Number	
Physical Address		City	Stat	e/Prov. ZIF	(Postal Code)	Country (Required)
Reference						
SPECIAL INSTRUCTION	ONS					5
NOTICE						6
When you initiate a wire transfer wor identifying number. The Credit L						
tions. Wire transfers are governed	by the Member Service Agreen	nent or the Business Memb	oer Service Agreeme	nt, Uniform Comme	ercial Code Section 4	A, and (if the transfer is cleared
through the Federal Reserve) by F be executed. If the Credit Union i	s obligated under applicable s	state law to pay you intere	est/dividends, the int	erest/dividend rate	shall be equal to the	ne interest/dividend rate payable
on the account to/from which the of the recipient/beneficiary. Transfe						
IRREVOCABLE. The credit union i undersigned member and the design	is not responsible for losses o	r delays as a result of inc	orrect information pr	ovided by the mer	nber. The wire trans	fer is a transaction between the
dance with the instructions on the	NEFCU Wire Transfer Reques	st Agreement. In no event	shall NEĖCU be liab	ole for any consequ	uential, special or inc	direct loss or damage which you
may incur or suffer in connection verthis agreement, regardless of wheth						
ACKNOWLEDGMENT		- · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		7
I authorize NEFCU to execute the tr						
requested plus applicable fees or chauthenticity of this request, and that regarding wire transfers.						
Member's Signature						
OFFICE USE ONLY						8
Employee Name	ID Number	Received Date		Received Time	By Pho	one By Fax In Person
Member ID Number		ID Type		Callback MSC	Date	Time
DP Processed by	Date	Time	Verafin	DP Verified by	Date	Time
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