



OUTGOING WIRE TRANSFER

Date and Time of request: _____ MSR taking request: _____

REQUESTOR INFORMATION (TO BE COMPLETED BY OR ON BEHALF OF MEMBER)

Member Name: _____ Member STECU Account Number (to debit): _____ - _____

Member Address: _____ City, State, and Zip: _____

Phone Number: W: _____ Callback/Relay #: _____
H: _____ (Must be a number on file, unless relay#)

Amount of Requested Wire: _____ + Wire Fee \$20 domestic/\$40 international Total to be withdrawn: \$ _____
Fee Disclosed (if phone request) _____ (MSR initial)

Reason for Wire: _____ Comments or Special Instructions: _____

BENEFICIARY INFORMATION (TO BE COMPLETED BY OR ON BEHALF OF MEMBER)

Beneficiary Name: _____ Beneficiary Acct#: _____

Beneficiary Address: _____ Type of Account: (Sav., Check, Loan) _____

City, State, Zip: _____ Beneficiary Phone#: _____

Name of Receiving Institution: _____ ABA/Routing Number: _____
SWIFT # (For int'l wires: _____

Address of Receiving Institution: _____ City, State, Zip: _____

AUTHORIZATION (TO BE SIGNED BY MEMBER)

Funds Transfer Authorization and Agreement

I hereby affirm my identity and authority to conduct this funds transfer as the STECU member named above and have verified the accuracy of the transfer account and routing numbers contained herein. I understand that the transfer may settle by the provided beneficiary's routing and account number even if the name provided for the beneficiary bank and/or beneficiary does not match, as stipulated by law (UCC4A-207) and I assume full liability for any delays or losses if erroneous transfer information is provided. I understand that STECU will make every attempt to process the wire as soon as practical, within the same business day. If STECU is unable to process the wire on the same business day, STECU will notify me. I understand that STECU cannot control when the beneficiary's bank receives and posts the wire to the beneficiary's account. Additional fees may be charged to the beneficiary's account by the beneficiary's bank.

Requestor's Signature: _____ Printed Name _____ Date: _____

If authorization is provided on a separate document, fax or letter, attach to this wire transfer form.

Authorization attached: _____ (MSR initial)

If wire request was made by phone, Funds Transfer Agreement must be read to member. Completed: _____



FUNDS AND IDENTITY VERIFICATION - TO BE COMPLETED BY MSR

I. Account has been opened > 90 days (MSR initial) If not, MGT approval required (Mgt initial)

II. Source of Funds: (on deposit, cash, HELOC advance, etc.)

Note: HELOC advances - There are known fraud schemes involving wire transfers from HELOC advances. In person or signed wire transfer orders should be encouraged at all times. In the event a phone request cannot be avoided, the loan department must confirm and approve the wire.

Loan Department approval, if necessary: Date

III. Guaranteed Funds: YES - Proceed with wire NO - Cannot proceed with wire

IV. Signed Requests:

Identity verified: MSR Initial DL# or Signature Card match or, known member (Indicate & complete or initial)

Phone Requests:

- 1. Address & Phone # verified (MSR initial)
2. Has address or phone information been changed within past 30 days?

- NO (Proceed to #3)
YES

Member must sign wire request (via fax or in person) and identity must be verified by DL or signature match, unless otherwise approved by STECU management.

Signature verified (copy of DL or comparison to signature card) OR signed in person and ID verified (MSR initial) (Proceed to #3)

Signature requirement waived and approved: Management Signature & Date (and explanation) (Proceed to #3)

Explanation by MGT:

- 3. Verify at least one of the following:
a. Date and amount of last deposit (approximates can be used) (MSR initial)
b. Account opening date (approximates can be used) (MSR initial)
c. Beneficiary on account (MSR initial)
d. Payroll Deduction or Direct Deposit amount verified (MSR initial)
e. Other previous HELOC advance amounts (MSR initial)

V. Give to Accountant

WIRE COMPLETION (TO BE COMPLETED BY ACCOUNTANT)

BTR (Credit Union initiated transaction, i.e. mortgage or investment funding) CTR (Member initiated transaction)
Guaranteed funds re-verified Acct Review Identity Verification Review
Call back verification (phone number must be on file) (or relay call to # on file) Time:
Account debited for wire + fee amount (attached receipt) OFAC verification: (if applicable)
Wire processed with Corporate One: Signature Authorizer:
Password Authenticated (Authorizer) By: (Corp One Employee)
Date: Time: