How to Request a Domestic Wire Transfer

Were happy to help you with your domestic wire transfer needs. Get started with these easy steps.

1) **Gather.** Before you begin, make sure you have the following information available:

   All receiving bank information, including the institutions name, full address, and routing number (also known as the ABA).

   All beneficiary information, including the name on the account, full address, and account number.

   Your driver's license.

2) **Fax.** When you're ready, complete the Wire Transfer Request form and fax it, along with a copy of your driver's license, to our Payment Processing department at **863-616-2110.**

Please note that some transactions require us to speak with you, to inform you of important wire information, and advise you of your rights as a party of the transaction, before the transaction can be processed.

Call our Payment Processing department at 863-616-2100 ext. 2000, option "1" to speak with a representative if you have any questions.

We appreciate your business.

MIDFLORIDA
Florida's community credit union

MIDFLORIDA Credit Union
Wire Transfer Request, Agreement & Bank Secrecy Act Recordkeeping Form

DATE _____

MEMBER NAME _____ **ACCOUNT** _____ ☐ checking ☐ saving

MEMBER ADDRESS: _____ **CITY, STATE & ZIP** _____

SS# _____ **DATE OF BIRTH** _____ **PHONE** _____

WIRE AMOUNT _____ **FEE** _____ **TOTAL** **$0.00**

PURPOSE OF WIRE _____

RECEIVING BANK:

INSTITUTION NAME _____

STREET ADDRESS _____

CITY, STATE _____

ABA NUMBER _____

FURTHER CREDIT:

INSTITUTION NAME _____

STREET ADDRESS _____

CITY, STATE _____

ABA NUMBER _____

RECEIVER/BENEFICIARY NAME:

ACCOUNT NAME _____

STREET ADDRESS _____

CITY, STATE _____

ACCOUNT NUMBER _____

ADDITIONAL INSTRUCTIONS OR COMMENTS: _____

Disclosure and Agreement: By requesting this funds transfer, the undersigned member ("you", "Originator") and MIDFLORIDA Credit Union ("we", "us" or "our") agree as follows:

Service Description: We offer wire transfer services that enable you to transfer funds by wire from your MIDFLORIDA account to any other account you specify. The party receiving the funds is the "Beneficiary." The financial institution to which funds are transferred or the financial institution disbursing the funds to the Beneficiary is the "Receiving Institution" or "Beneficiary Financial Institution." The entire series of transactions commencing with the request for a wire transfer by you up until and including payment to the Beneficiary is a "funds transfer." Your instruction to us to pay a sum of money to the Beneficiary is known as a "payment order."

Governing Law: Chapter 670, Florida Statutes (UCC Article 4A, as adopted in Florida), 12 C.F.R. 210 (Regulation J), and 12 C.F.R. 1005 (Regulation E), establish the duties, responsibilities and liabilities of all parties involved in this funds transfer. This agreement contains notices and terms which apply to this funds transfer. The Terms and Conditions of Your Account and other agreements between you and us also apply to this funds transfer. By requesting this funds transfer, you agree to these terms and conditions.

Rejecting Funds Transfer: We reserve the right to reject your payment order. We may delay or decline to process your payment order if you have insufficient funds in your account, you are in bankruptcy, your order is incomplete or unclear, the beneficiaries are listed on the Specially Designated National lists from the U.S. Department of Treasury, for any reason related to an Executive Order of the President, Foreign Governmental Embargoes/Sanctions, directives of the U.S. Department of Treasury, when we suspect that you may be a victim of fraud or a participant in a fraudulent scheme, to comply with any applicable law, regulation or funds transfer system rule, or for any other reason in our discretion. You may not modify this agreement without prior written approval from us. No oral representation or statement made by any associate of ours shall be binding on us.

Security Procedure: You agree to the security procedure described in this section for your funds transfer, or any amendment or cancellation of your funds transfer. The purpose of the security procedure is to verify the authenticity of a payment order delivered to us in your name and not to detect errors in the transmission or content of a payment order. You agree the following security procedure is commercially reasonable and is a satisfactory method of verifying the authenticity of your payment order. The security procedures we will use are completion of the above wire transfer form and one of the following: 1) positive phone ID if you do not request the transfer in person; 2) notarized signature if the request is sent through the mail; 3) verification of signature with credit union records if the request is made via facsimile machine; 4) callback to designated secure telephone line for a payment order received via facsimile machine or secure message (callbacks initiated based on dollar amount of payment order as outlined in our policies and procedures); 5) use of a security key, token, or other authentication device; or 6) any other reasonable method which may be described in the instructions in online banking.

Reliance on Information Provided. If your payment order describes the Beneficiary inconsistently by name or account number, the funds transfer may be made on the basis of the account number even if the account number identifies a person different from the Beneficiary. If your payment order describes the Receiving Institution inconsistently by name or identification number, the identification number may be relied upon by us as the proper identification of the Receiving Institution. You acknowledge that you are responsible for providing us with all information required by the Receiving Institution, including the reason for payment, if required. Funds transfers without the required information can cause the wire to be delayed, returned, or assessed additional fees. You agree to indemnify us for any loss or expense that results from our reliance on an incorrect identifying or account number. **You further acknowledge that the Beneficiary account number and Receiving Institutions identification number (e.g., IBAN, RTN, IRC, and/or SWIFT BIC) which you provide in connection with your payment order will be complete and accurate, and you understand you could lose the transfer amount if the information is incorrect.**

Processing your Request. We may send the funds transfer by wire, telegraph, telephone, cable, or whatever other transmission method we consider reasonable. We may transmit the funds transfer directly to the Receiving Institution, or indirectly to the Receiving Institution through another bank, government agency, or other third party that we consider to be reasonable. We may utilize any reasonably selected funds transfer system or intermediary bank. Member authorizes and understands that the wired funds identified herein will ultimately be debited from or credited to the Member's designated account listed on this Wire Transfer Request. MIDFLORIDA Credit Union may, for internal processing purposes, route and/or transmit Member funds through a confidential, internal general ledger account, to complete the wire transaction, without affecting the Member's rights or obligations under this transaction.

Liability. It is your responsibility to ensure that we are provided with accurate, clear, and correct identification numbers and account numbers and any other information needed to enable us to accurately process your payment order. We are not responsible for detecting your errors. We are only responsible for making a good faith effort to execute your payment order. For payment orders subject to UCC 4A, we will be liable to you only for damages required to be paid under UCC 4A. For payment orders not subject to UCC 4A, we will only be liable for our gross negligence or willful misconduct. You agree we are not liable for any 3rd partys failure, delay or error in processing a funds transfer. **Although we may inquire about the purpose of the funds transfer and may suspect that you are a victim of fraud, we have no duty to prevent fraud and will have no liability for your losses when you are a victim of fraud. You agree that we have no duty to investigate suspected fraud or to determine whether the Beneficiary stated in the payment order is the intended recipient of the funds.** In no event will we have any liability for consequential, special, punitive or indirect loss or damage which you may incur in connection with the funds transfer.

Indemnification. You agree to indemnify us against and hold us harmless from all losses we may incur in connection with the funds transfer or attempted funds transfer, except losses arising solely out of our gross negligence, intentional misconduct, or material breach of this agreement, or when applicable law would prohibit it.

X _____ _____

MEMBER SIGNATURE **DATE**

Please include a copy of Driver's License
Fax completed form to: (863) 616-2110