



# INTERNATIONAL WIRE-TRANSFER REQUEST AND AUTHORIZATION

Branch FAX Numbers

Chicago 312.775.6230 | Los Angeles 323.938.9035 | New York 212.575.5836 | North Hollywood 818.853.7508

**Faxed/Emailed wire transfer request are subject to verification prior to processing. International wire transfer fee is \$45.00.**

### ORIGINATOR INFORMATION

|   |  |  |  |                       |
|---|--|--|--|-----------------------|
| First, Middle and Last Name or Business Name  |  | Account Number   | <input type="checkbox"/> Share<br><input type="checkbox"/> Draft | Amount of Transfer    |
| Physical Address (NO P.O. Boxes or Mailboxes)   |  | City, State/Province, Zip and Country  |  | Email Address         |
| Wire Type (Must Select One)<br><input type="checkbox"/> Consumer to Consumer <input type="checkbox"/> Consumer to Business<br><input type="checkbox"/> Business to Business <input type="checkbox"/> Business to Consumer |  | Send in Type (Must Select One)<br><input type="checkbox"/> US Dollars to US Dollars <input type="checkbox"/> Fixed US Dollars to Foreign Currency<br><input type="checkbox"/> US Dollars to Fixed Foreign Currency |  | Foreign Currency Type |

Purpose of Wire **(REQUIRED)**

### FINANCIAL INSTITUTION INFORMATION

|   |   |   |
|---|---|---|
| Institution Name                              | National ID                                   | BIC Code                                    |
| IBAN  | SWIFT   |   |
| Physical Address (NO P.O. Boxes or Mailboxes) | City, State/Province, Postal Code and Country | Special Instructions (If none, leave blank) |

### BENEFICIARY INFORMATION

|   |   |   |
|---|---|---|
| First, Middle and Last Name or Business Name  | Phone Number                                  | Account Number                              |
| Physical Address (NO P.O. Boxes or Mailboxes) | City, State/Province, Postal Code and Country | Special Instructions (If none, leave blank) |

• The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect/inaccurate information provided. The undersigned authorizes Actors Federal Credit Union ("ActorsFCU") to use any means it deems suitable for the transmission of the funds, understands, and agrees that in carrying out this payment order, ActorsFCU acts only as an agent. The undersigned hereby releases ActorsFCU from all liability from any loss unless the loss arises out of ActorsFCU's failure to exercise ordinary care, failure to act in good faith, or failure to act in accordance with the undersigned's instructions given pursuant to this authorization. If the undersigned's authorization identifies the beneficiary both by a name and an identifying number or bank account number and the name and number identify different persons, payment or cancellation of the payment order may be made solely on the basis of the number. ActorsFCU complies with all State and Federal laws that govern wire transfers. ActorsFCU will not be liable to make any refund to the undersigned for canceled requests until after ActorsFCU receives confirmation of the returned funds. The undersigned agrees to promptly review all notices from ActorsFCU regarding the execution of funds transfer for the undersigned.

• The undersigned will advise ActorsFCU of erroneously executed funds transfers within two (2) business days following notification. The two (2) business day period shall begin to run after the undersigned has received sufficient information to reasonably determine that the funds transfer was erroneous. The undersigned understands and agrees, ActorsFCU has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of the funds. In addition, a delay in the payment order request may be caused by, but not limited to, insufficient information, insufficient funds, security procedures, verification, and/or conversion into a foreign currency, as applicable.

• ActorsFCU has established reasonable security procedures, which may change from time to time. The undersigned will be notified of the security procedure, if any, to be used to verify payment orders issued by the undersigned or for which the account will be liable. The undersigned agrees that the authenticity of this payment order shall be verified using that security procedure, unless the undersigned notifies ActorsFCU, in writing, that the undersigned does not agree to that security procedure. In that event, ActorsFCU will have no obligation to accept any payment order from the undersigned or other authorized parties on the account until the undersigned and ActorsFCU agree, in writing, of an alternative security procedure. This Wire Transfer Agreement & Authorization applies only to the wire transfer identified above.

**• International transfers are sent in the currency selected above, if no selection is made, the transfer will be sent in the receiving country's common currency. Member must approve exchange rate by replying to the pre-receipt email sent by the credit union within ten (10) minutes. If approval is received after a new rate will apply and the member will receive a new pre-receipt for approval. If the member does not reply to the pre-receipt email within 30 minutes the wire transfer request will be cancelled. A new request must be submitted to re-attempt wire transfer. Once we have received the acceptance of exchange rate and the wire has been sent, the member will receive a final receipt and will have no more than 30 (thirty) minutes to cancel transfer request.**

**• Wire transfer instructions received after deadlines [Domestic (4:30 p.m. Eastern / 3:30 p.m. Central / 1:30 p.m. Pacific) – International (3:30 p.m. Eastern / 2:30 p.m. Central / 12:30 p.m. Pacific)] on a business day, Saturdays, Sundays, Federal Reserve Bank holidays or a day ActorsFCU is closed for business, will be processed the following business day.**

|  |      |                                 |
|--|------|---------------------------------|
| Member's Signature Authorizing Withdrawal and Transfer | Date | (____) ____ - ____              |
| X  | / /  | Home, Cell or Work (Circle One) |

### \*\*\*\*\* CREDIT UNION USE ONLY\*\*\*\*\*

#### Wire Request Submission

|   |                                    |
|---|------------------------------------|
| Method of Submission In person <input type="checkbox"/> By fax <input type="checkbox"/> By email <input type="checkbox"/> |                                    |
| Request Received By (Teller Stamp)  | Request Verified By (Teller Stamp) |
| Time  | Time                               |
| am/pm - ET/PT   | am/pm - ET/PT                      |

#### Processing Checklist & Confirmations

|  |   |  |  |
|--|---|--|--|
| Wire Transfer PIN (____) - Verified <input type="checkbox"/> | OFAC/FinCEN - Ran <input type="checkbox"/>                  | Entered onto AlloyaCFCU <input type="checkbox"/>         | Pre-Receipt Saved and Emailed <input type="checkbox"/> |
| Exchange Rate Approved By Member <input type="checkbox"/>    | Fee and Funds Debited from Account <input type="checkbox"/> | Final Receipt Saved and Emailed <input type="checkbox"/> |  |
| Request Processed By (Teller Stamp)                          | Request Approved By (Teller Stamp)                          | Time   | Time   |
| Time   | Time  | am / pm - ET / PT  | am / pm - ET / PT                                      |