

Sagelink Credit Union Wire Transfer Agreement and Instructions

Security Procedures

The credit union utilizes security procedures for the purpose of:

1. Verifying that a payment order or communication amending or cancelling a payment order is that of the account owner (*member*), or
2. Detecting error in the transmission or the content of the payment order or communication.

Procedures utilized to ensure wire transfer security include, but are not limited to the following:

1. Requesting a signed wire authorization request.
2. Requesting identification from the account owner to accompany the signed wire authorization request.
3. Initiating direct contact with the account owner and utilizing various security techniques to determine the account owner's identity.

Acceptable methods for initiating a wire transfer request

Wire transfer request may be initiated utilizing any of the following methods:

- In person
- By fax
- By mail or email
- By phone utilizing a pre-authorized recurring wire agreement

Wire Transfer Hours

The credit union's cut-off time for outgoing wire transfers within the United States is 3:30 p.m. The credit union's cut-off time for international wire transfers is 2 p.m. The credit union shall assume no liability as to the length of time necessary to complete a foreign wire as long as the credit union has acted in good faith, with ordinary care, and in compliance with applicable law.

Methods of Canceling an Outgoing Wire

Any wire transfer request may be cancelled prior to completion upon receipt of a written request which is signed and dated with clear instructions to cancel the wire.

Wire Transfer Agreement Authorized Signature(s)

I/we have read the Wire Transfer Agreement and agree to all the information herein. I/we authorize and direct SageLink Credit Union as my/our agent to withdraw funds from the above referenced account(s), and to wire money in accordance with my/our instructions.

I/we understand that upon giving the credit union wiring instructions which identifies the beneficiary's financial institution in the funds transfer by name and Routing and Transit (R/T) or other identifying number, the credit union, as well as the receiving financial institution, may rely on the number that is provided as the proper identification. This will be true even if the number that I/we provide identifies a financial institution that is different from the named financial institution.

I/we acknowledge that the security procedures described in this agreement are commercially reasonable. I/we agree that I/we shall be liable for any wire or communication amending or canceling a wire, whether or not authorized, that is issued in my/our name and accepted by the credit union in compliance with the security procedures selected above.

I/we, individually and jointly, agree to indemnify the credit union, its agents and employees against any loss, liability or expense (including attorney's fees) resulting from or arising out of any claim of any person in connection with any matters subject to the agreement, except where applicable law requires. I/we understand that the credit union shall not be liable for failure to comply with the terms of this Wire Transfer Agreement caused by 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.

I/We have been notified of the fee for a wire transfer and consent to having my/our account debited for said fee. I/we have read the above Wire Transfer Agreement and agree to the procedures and terms.

Domestic Wire Transfer

*Required Fields

Remitter (Member) Information*			
Account Number:		Date:	
Name:			
Address:			
City:	State/Prov:	Postal/Zip Code:	
Wire Information*			
Amount:		Withdrawn From: (Account/Suffix)	
Wire To (First Receiving institution)			
ABA (Routing) Number*:			List
Name of Institution*:			OFAC
Address:			
City:	State/Prov:	Postal/Zip Code:	
Further Credit (Second Receiving Institution)			
Name of Institution:			List
Address:			OFAC
City:	State/Prov:	Postal/Zip Code:	
ABA (Routing) Number:			
Beneficiary Information			
Name*:		Member	OFAC List
Account Number*:		Checking	Savings Other
Address:			
City:	State/Prov:	Postal/Zip Code:	
Comments:			
Reoccurring Wire Instructions			
Is this a new recurring wire that needs to be set up?		YES	NO
Pass Phrase:	Confirmed:	Recurring Wire Number:	
Signature of Authorized Account Holder(s)			
Signature:		Date:	
Branch Use Only		Accounting Use Only	
Form Submitted By:		Wire Number:	
CMS Work Note Submitted:		Test Key:	
Funds Collected (Code – WIREOUT):		Issuer:	
Fee Collected (Code – FEEWIRE):		Processing Clerk:	
OFAC Checked:		Log Completed:	Funds Collected:
Call Back (date, time, initials):		Verified By:	
Identification Provided:		CMS Work Note Completed:	