

**SD Medical Federal Credit Union**  
8889 Rio San Diego Drive, Ste 100  
San Diego, CA 92108  
619-641-1100 ~ Fax 619-641-1111 ~ 877-473-6328 (toll free)

**Member Wire Transfer Agreement**

Instructions: All Lines must be completed. Please Print all information.

1. Member's Name: \_\_\_\_\_

Social Security No \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Address: \_\_\_\_\_

2. Members Account Number and Share Type (funds withdrawn from) \_\_\_\_\_

No. \_\_\_\_\_

Share Type: \_\_\_\_\_

3. Telephone Number member can be reached at (     ) \_\_\_\_\_

4. Dollar Amount to be sent \$ \_\_\_\_\_

5. Receiving Bank's Wiring Instructions: \_\_\_\_\_

ABA 9-digit Routing Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch Address \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_

Special Instructions (Name on Escrow Account & Number, Final Credit Information, etc.) \_\_\_\_\_

6. Name on Account of Receiving Bank: \_\_\_\_\_

7. Account Number at Receiving Bank: \_\_\_\_\_

8. Type of Account at Receiving Bank (i.e. savings, checking) \_\_\_\_\_

I hereby authorize SD Medical Federal Credit Union to transfer funds by wire as shown above. I understand that my account shown will be debited for the amount of the wire and any applicable fees. I agree to hold SD Medical Federal Credit Union harmless if the funds are not received and credited due to incorrect information. I have read the SD Medical Federal Credit Union funds transfer authorization printed on the back of this agreement.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION METHOD**

Driver's License     Signature     Person Known     Last ATM W/D     Mother's Maiden Name

Call Back: Member's Phone No. (If amount is over \$2,500) \_\_\_\_\_ Time \_\_\_\_\_

Supervisor/Manager Signature: \_\_\_\_\_ Staff: \_\_\_\_\_

Date & Time Processed: \_\_\_\_\_

**IMPORTANT:  
READ CAREFULLY BEFORE SIGNING AUTHORIZATION**

You authorize SD Medical Federal Credit Union, to transfer funds (a “funds transfer”) as shown on the front of this payment order. Our charges for the funds transfer are disclosed in our fee schedule. Other banks involved in the funds may impose additional charges.

We may fail to act or delay in acting on a payment order without any liability because of legal constraint, your negligence, interruption of communication facilities, equipment failure, war, emergency conditions, or other circumstances beyond our control. We may also fail to send or delay in sending a payment order without any liability if sending the order would violate any government authority.

We are not liable for consequential, special or exemplary damages or losses of any kind.

You have no right to cancel or amend this payment order. If you ask us to cancel or amend it, we may make a reasonable effort to act upon your request. But we are not liable to you if for any reason this payment order is not amended or canceled. You agree to reimburse us for any costs, losses, or damages that we incur in connection with your request to amend or cancel the payment order.

If we try to cancel this funds transfer, we do not have to refund your money until we determine that the beneficiary has not received the money and the money is returned to us. If we return your money, the refund may not be equal to the amount of the original payment order. An example, the amounts may be different because of a charge other banks may impose to return the funds transfer.

We have cutoff times for processing payment orders. Orders received prior to 1:00 PM (local time) will be same day transmitted. If you give us this payment order after the cutoff time, we may treat the payment order as if we received it on our next business day. Funds transfer business days will include all normal business days of the SD Medical Federal Credit Union.

You must accurately identify beneficiaries of your payment order. If you give us the name and account number of a beneficiary, we and other banks may process the payment order based on the account number alone, even though the member may identify a person other than the beneficiary named. If you have us the name and identifying number of a bank, we and other banks may process the payment order based on the bank’s identifying number alone, even though the number may identify a bank other than the bank named. In these cases, you are still obligated to pay us the amount of the payment ordered.

When a payment order is issued by a member, the security procedures involves use of identification methods that may involve photo identification, signature identification of original signature and/or call back procedure by San Diego Medical Federal Credit Union.

You authorize the SD Medical Federal Credit Union to debit your account to pay for this funds transfer. We notify you about transfer by listing it on your account statement. You must send us written notice, including a statement of relevant facts, within 14 calendar days after you receive the first account statement on which any unauthorized or erroneous debit to your account, or any other discrepancy between your records and ours appear. If you fail to notify us within this 14-day period, we are not liable, or obligated to compensate you, for any loss of interest or interest equivalent because of an authorized or erroneous debt.

\_\_\_\_\_

Date

\_\_\_\_\_

Member’s Signature



## Important Wire Information

International wires remitted in US Dollars may take 5 – 7 days to reach destination banks. Destination banks may deduct additional fees before funds are credited to the beneficiary's account.

Please check the box labeled 'Yes' or 'No' in response to the following questions:

- | Yes | No  |  |
|-----|-----|--|
| ___ | ___ | Were you promised a large amount of money in return for sending the wire?      |
| ___ | ___ | Are you wiring funds which were deposited by someone you do not know?          |
| ___ | ___ | Were you instructed to wire money in order to claim lottery or prize winnings? |
| ___ | ___ | Are you wiring money in response to a guaranteed credit card or loan offer?    |
| ___ | ___ | Were you instructed to send money to claim an inheritance?                     |
| ___ | ___ | Are you wiring money in response to an internet or phone offer?                |
| ___ | ___ | Are you sending money to someone you don't know?                               |
| ___ | ___ | Are you sending money to participate in a foreign lottery?                     |

**IMPORTANT:** If you answered 'Yes' to any of the questions above, you acknowledge that the Credit Union has warned you that this is a **HIGH RISK** transaction. These types of transactions are fraudulent in many cases and the money wired is **NOT** recoverable.

The Credit Union may at its discretion pursue remedies to collect any overdraft, including legal action.

**Member Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_ /20 \_\_\_\_\_