

# DOMESTIC WIRE TRANSFER REQUEST FORM — INSTRUCTIONS

FIGFCU offers fund transfer services via wire within the U.S. states and territories. Your completed and accurate wire form with any attachments must be received by **11:30 AM PST**. Requests received after the deadline will be processed the following business day. The information below will guide you on how to complete the *Domestic Wire Transfer Form*.

- Date to be sent**  
Actual date when the wire will be sent
- Member Number**  
Provide your member number

## Section 1: Sender/ Account Holder Information On File

- Account Number** — Actual account number (not member number) where the funds will be withdrawn from. Please note that we cannot process a wire from a Money Market, Online, Premium Trust or Club Account
- Account Type must be checked** — Select Checking or Savings
- Member Name** — Member or Joint Owner requesting the wire transfer
- Member Address** — Full address of the member
- Best Contact Phone Number**
- Email** (If confirmation needed) — Email Address

## Section 2: Receiving Financial Institution Information

- Receiving Routing Number ABA** — The Routing/ Transit Number for the institution receiving the funds. The member should obtain this 9-digit number from the Receiving Financial Institution
- Financial Institution Name** — This is the name of the Financial Institution receiving the funds
- Dollar Amount** — Write the amount of the wire using numbers. Please do not include the fee
- Written Amount** — Write the amount using words, e.g., five thousand sixty

## Section 3: Intermediary Bank Information


Use this section only if the Financial Institution where the recipient's account is located is not able to receive the wires directly, but must receive funds through a Correspondent or Intermediary Financial Institution.

- Financial Institution Name** — The institution where the recipient's account is located if it is not the Receiving Financial Institution
- Account No.** — The Beneficiary Financial Institution's Routing Number or Account Number at the Receiving or Intermediary Financial Institution
- Address** — The Beneficiary Financial Institution's address

## Section 4: Receiver's Information (Beneficiary)

- Name** — Person or Company who owns the account receiving the funds
- Account No.** — The Recipient's Account Number
- Address** — Recipient's address is a required field. If the address is the same as the Sender's Address, place a check mark on the box below the address line.

**Note: If the Receiver of the wire is a Title/ Escrow Company, provide a copy of the wiring instructions from the Title/ Escrow Company.**

DOMESTIC WIRE TRANSFER REQUEST FORM		 <b>FARMERS INSURANCE FEDERAL CREDIT UNION</b>	
<b>Date to be sent:</b>	<b>1</b>	<b>Member Number</b>	<b>2</b>
<small>Note: All information is required. Wiring instructions must be obtained from the receiving financial institution for the beneficiary (recipient) of the wire. Incorrect information can result in delays in wire processing and/or loss of funds. Wire cannot be processed from a Money Market, Online, Premium Trust or Club Accounts. FIGFCU is not liable for any losses suffered due to incorrect information provided. The cut off time for wire processing is 11:30 AM PST. A service charge will be assessed — See Schedule of Fees.</small>			
<b>1. SENDER/ACCOUNT HOLDER INFORMATION ON FILE</b>			
Account Number:	<b>3</b>	<b>4</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> GL (Internal Use Only)
Member Name:	<b>5</b>		
Member Address:	<b>6</b>		
Best Contact Number:	<b>7</b>	Email (if confirmation needed)	<b>8</b>
<b>2. RECEIVING FINANCIAL INSTITUTION INFORMATION</b>			
Routing Number:	<b>9</b>	Financial Institution Name:	<b>10</b>
\$ Amount:	<b>11</b>	Written Amount:	<b>12</b>
<small>(Numbers Only) (Letters Only)</small>			
<b>3. INTERMEDIARY BANK INFORMATION</b> (Complete only if using a correspondent or middle bank)			
Financial Institution Name:	<b>13</b>	Account No.:	<b>14</b>
Address:	<b>15</b>		
<b>4. RECEIVER'S INFORMATION (BENEFICIARY)</b>			
Name:	<b>16</b>	Account No.:	<b>17</b>
Address:	<b>18</b>		
<small>If address is the same as Section 1, please check the box, <input type="checkbox"/></small>			
<b>5. MISCELLANEOUS/REFERENCE INFORMATION</b>			
<b>19</b>			
<b>6. PURPOSE OF WIRE</b>			
<b>20</b>			
<small>Please attach wiring instructions for Title or Escrow Wires. Wet signature or stylus signature is required. Pre-defined DocuSign signature will not be accepted. A legible copy of a valid photo ID is required for all wire transfers. A callback will be performed on wire requests received via fax, mail, email or phone.</small>			
By signing below, I certify that the information provided is correct and I agree with the terms set forth.			
<b>Member's Signature</b>	<b>21</b>	<b>Date:</b>	<b>22</b>
<b>CREDIT UNION USE ONLY</b>			
<b>Supervisor Signature:</b>		<b>Date:</b>	
Received By:	Date:	<input type="checkbox"/> Person <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Service Charge: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Submitted by (CU Staff to Wires Team):</small>			
<input type="checkbox"/> Accounting	<input type="checkbox"/> Branches	<input type="checkbox"/> CHF	<input type="checkbox"/> CRE <input type="checkbox"/> Loan Dept. <input type="checkbox"/> Management <input type="checkbox"/> Marketing <input type="checkbox"/> MSC <input type="checkbox"/> Real Estate <input type="checkbox"/> Other
Verification:	<input type="checkbox"/> In-Person/Branch #:	<input type="checkbox"/> Initial check	<input type="checkbox"/> Callback/Completed by:
<small>Security phrase on file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Removed <input type="checkbox"/> Verification used</small>			
<small><input type="checkbox"/> Please check this box for wire transfer transaction confirmation number to be emailed to account holder only</small>			
<b>Wire Entry and Verification:</b>			
Entered by:	Journal by:	OFAC by:	Verified/Sent By:
<small>*Please forward or fax the completed form to the Wire Processing Team at msc@figfcu.org, 323-209-6739. If you have any questions, please call us at 323-209-6254.</small>			

## Section 5: Miscellaneous/ Reference Information

- This box is used to provide further information that will be sent to the receiving institution or beneficiary of the wire. Information such as escrow number, escrow officer's name, a further account number, or a reference for a loan (e.g. "pay off car loan").**

## Section 6: Purpose of Wire

- Member is required to enter information on this field as required by the Bank Secrecy Act.**

## Section 7: Member's Signature and Date

- Member's Signature** — Member sending the wire must sign the form. Please note that wet signature or stylus signature is required. Pre-defined DocuSign signatures will not be accepted
- Date** — Write the date when the form was signed

Review all the information on the form for accuracy. Once completed, please send the form to FIGFCU's Wire Processing Team at [msc@figfcu.org](mailto:msc@figfcu.org) or fax it to 323.209.6739.

For additional information or questions, please contact us at 323.209.6254.

# DOMESTIC WIRE TRANSFER REQUEST FORM



FARMERS INSURANCE  
FEDERAL CREDIT UNION

**Date to be sent:** \_\_\_\_\_ **Member Number** \_\_\_\_\_

**Note:** All information is required. Wiring instructions must be obtained from the receiving financial institution for the beneficiary (recipient) of the wire. Incorrect information can result in delays in wire processing and/or loss of funds. Wire cannot be processed from a Money Market, Online, Premium Trust or Club Accounts. FIGFCU is not liable for any losses suffered due to incorrect information provided. **Your completed and accurate wire form with any attachments must be received by 11:30 AM PST.** Requests received after the deadline will be processed the following business day. A service charge will be assessed — See Schedule of Fees.

<b>1. SENDER/ACCOUNT HOLDER INFORMATION ON FILE</b>	
Account Number: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> GL (Internal Use Only)
Member Name: _____	
Member Address: _____	
Best Contact Number: _____	Email (if confirmation needed) _____
<b>2. RECEIVING FINANCIAL INSTITUTION INFORMATION</b>	
Routing Number: _____	Financial Institution Name: _____
\$ Amount: _____ <small>(Numbers Only)</small>	Written Amount: _____ <small>(Letters Only)</small>
<b>3. INTERMEDIARY BANK INFORMATION</b> (Complete only if using a correspondent or middle bank)	
Financial Institution Name: _____	Account No.: _____
Address: _____	
<b>4. RECEIVER'S INFORMATION (BENEFICIARY)</b>	
Name: _____	Account No.: _____
Address: _____	
If address is the same as Section 1, please check the box. <input type="checkbox"/>	
<b>5. MISCELLANEOUS/REFERENCE INFORMATION</b>	
<b>6. PURPOSE OF WIRE</b>	

Please attach wiring instructions for Title or Escrow Wires. Wet signature or stylus signature is required. Pre-defined DocuSign signature will not be accepted. A legible copy of a valid photo ID is required for all wire transfers. A callback will be performed on wire requests received via fax, mail, email or phone.

By signing below, I certify that the information provided is correct and I agree with the terms set forth.

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

**CREDIT UNION USE ONLY**

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Received By: _____	Date: _____	Department: _____	<small>(only required if the form is not submitted via OnBase)</small>
Verification: <input type="checkbox"/> In-Person/Branch #: _____	<input type="checkbox"/> Intelllicheck	<input type="checkbox"/> Callback/Completed by: _____	
Security phrase on file: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Removed	<input type="checkbox"/> Verification used: _____		

**FOR LENDING DEPARTMENT ONLY**

<input type="checkbox"/> <b>CMF/Real Estate</b>	Reviewed by: _____	Loan Officer Approval: _____
<input type="checkbox"/> <b>Consumer/Business (General Ledger only)</b>	FIGFCU Loan #: _____ LPQ#: _____	Supervisor Signature: Not required if the Loan and LPQ numbers are referenced.
Loan Proceeds posted to: <input type="checkbox"/> GL - Manual Clear <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Wire Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No	Posted to: <input type="checkbox"/> Wire Fee GL <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	last 4 digits _____	last 4 digits _____
<input type="checkbox"/> <b>CRE</b>	Reviewed by: _____	Authorized Approver Signature: _____

\*Please forward or fax the completed form to the Wire Processing Team at [msc@figfcu.org](mailto:msc@figfcu.org), 323-209-6739\*. If you have any questions, please call us at 323-209-6254.

## **Outgoing Wire Transfer Request Disclosure Agreement**

Domestic and International Wire Transfers services processed by Farmers Insurance Federal Credit Union (Credit Union) as initiated by the member are subject to the terms of this agreement, in which you acknowledge and agree by signing the Wire Request Form.

1. All funds transfer transactions are processed through Fedwire and governed by Federal Reserve's Regulation "J" and UCC4A which determines the rights and liabilities of the parties of the transfer.
2. The Credit Union will not follow any funds transfer instructions that violate the terms of the agreement, nor will the Credit Union follow instructions received that do not allow sufficient time to verify the authenticity of the instructions on the wire transfer request form.
3. The Credit Union has established security procedures to verify the authenticity of funds transfer instructions. You agree that the Credit Union may perform callback to verify your identity by using our standard security verification procedures and to validate the accuracy of all the information on the form.
4. The Credit Union will not be liable for failure to comply with the terms of the funds transfer agreement caused by legal constraint, interruption or failure of transmission and/or communications facilities, labor disputes, war emergency, act of nature, or other circumstances beyond the control of the Credit Union.
5. You must accurately identify beneficiaries of the funds transfer as required on the wire transfer form. The Credit Union and other financial institutions may process the payment order based on the account number alone, even though the number may identify a person other than the beneficiary named. Incorrect or incomplete wire transfer forms may delay the processing of your request. The Credit Union will not be liable for any losses incurred due to an incorrect beneficiary name and/or account number that was provided on the wire transfer request form.
6. If requesting for an International Funds Transfer, it is required that you accurately provide us the name and the routing number of the U.S. intermediary/ corresponding bank as well as the bank name & the SWIFT/BIC code of the final/ beneficiary foreign bank where the funds will be transmitted.
7. As part of the requirement under the Bank Secrecy Act, we are required to report any cash transactions in excess of \$10,000.00 to the Internal Revenue Service. You also acknowledge and agree that the Credit Union may capture and transmit information regarding you and your account (for example, member's name, address, and account number) and regarding beneficiaries (for example beneficiary's name, address and account number) as part of the processing of a payment order.
8. Upon entering into the funds transfer transaction, you 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 by any person in connection with any matters subject to the agreement, except where applicable by law.
9. The Credit Union shall have the right to charge the amount of any funds transfer request to any of your eligible accounts (legally allowed) at the Credit Union in the event that no account is designated, or in the event that a designated account has insufficient funds to cover the amount of funds transfer request.
10. The Credit Union may charge a service charge for services relating to the sending or receiving of the funds transfer request; such charge(s) are set forth in the schedule of fees and charges. You understand that additional fees may be deducted from your wire by other institutions upon posting final credit, and that the Credit Union shall not be held liable for such charges.
11. Notification of the wire transfer transaction will appear on your periodic account statement. IMAD (Input Message Accountability Data) is available once the wire is processed and may be provided upon member's request.
12. Both Domestic and International wire transfer requests must be received and verified by 11:30 AM PST. Wire request received after the cut off time established will be processed the next business day.
13. We have no liability of any nature for delays or mistakes, provided we act in good faith and with reasonable care. We are not responsible for delays or mistakes caused by other parties through whom we transmit funds whether such other parties were selected by you or us.
14. In the event that the wire is rejected by the Beneficiary Financial Institution, you will be notified and funds will be posted to the account where the funds were originally debited from less any applicable fees charged by the other financial institution and/or conversion rate at the time of settlement.