



Wire Transfer Request/ Authorization Form

Wire Fee:

- \$15 Domestic
- \$40 International

Transfer Number (Accounting)

Approval (over \$5,000)

Today's Date

Wire Amount

HEART OF LOUISIANA CREDIT UNION MEMBER INFORMATION:

Member Name (Originator/ Sender)

Member Account Number (to be debited)

Member Street Address

City, State, Zip Code

INTERMEDIARY CORRESPONDENT BANK: (if necessary)

Name of Intermediary Bank

Intermediary Bank's Routing/ Transit Number

Street Address of Intermediary Bank

City, State, Zip Code

SWIFT Code

Special Payment Instructions or References (or other Identifiers of the Beneficiary)

BENEFICIARY'S BANK INFORMATION:

Name of Receiving Bank

Receiving Bank's Routing/ Transit Number

Street Address of Receiving Bank

City, State, Zip Code

BENEFICIARY'S PERSONAL INFORMATION:

Name of Beneficiary (Recipient)

Account Number of Beneficiary (No Dashes)

Street Address of Beneficiary

City, State, Zip Code

The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect/inaccurate information provided. The undersigned authorizes Heart of Louisiana Federal Credit Union (the "Heart") to use any means it deems suitable for the transmission of the funds and understands and agrees that in carrying out this wire transfer, the Heart acts only as an agent. The undersigned hereby releases the Heart from all liability from any loss unless the loss arises out of the Heart'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 or bank account number and the name and number identify different persons, payment or cancellation of the order may be made solely on the basis of the number. The Fedwire System may be used for this wire transfer. Federal Reserve Regulation J is the law covering Fedwire transactions. The Heart will not be liable to make any refund to the undersigned for canceled requests until after the Heart receives confirmation of the returned funds. The Heart has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of the funds. The undersigned represents that a copy of the Wire Transfer Agreement was received and is understood. **Wire transfer instructions received after 12:00 (noon) CST, or on a day the Federal Reserve Bank observes as a holiday and the Heart is open for business, will be processed on the following business day.**

Member Wet Signature

Telephone Number

Date

* A "wet signature" includes either a signature on-site or a signature made off-site that is then imaged and emailed or faxed to the Credit Union.

Member requested Wire:

- In Person
- By Fax
- By Email

Member ID Verification:

Type: _____
Number: _____

Call Back completed by _____

Any three points of verification are required on **ALL** call backs:

- Birth Date _____
- Last 4 of SSN _____
- Source of last deposit _____
- Loan Payment amount _____
- DL # _____
- Mother's Maiden Name _____

Verified Funds available?

- Yes No

Received

Verified

Branch: _____

Date: _____

Time: _____

Bridger Stamp