FLORIDA HOSPITAL
Credit Union

FHCU *INTERNATIONAL* Wire Transfer Request

Date: _____

Member Name: _____ Account #: _____

Member Address: _____

Member Home Phone: _____ Work: _____ Cell: _____

Wire Amount: _____

Beneficiary Financial Institution Name & Address: _____

_____

City: _____ Province: _____ Country: _____

Swift Code: _____ Financial Institution Code: _____

Branch Location (FI to FI Info): _____
Branch Number and Address: _____

_____

Beneficiary's Account Number: _____
US Dollar Account (Circle One): Yes No
Beneficiary Name & Address: _____

_____

City: _____ Province: _____ Country: _____

References or other important information: _____

_____

Disclosure and agreement: The Credit Union may charge your account for the amount of the funds transfers and fees associated of any funds transfer initiated by you or by any person authorized by you as a joint tenant or other authorized party with the right of access to the account from which the funds transfer is to be made. You may identify the payee or any financial institution by name and by account number (or ABA routing number). The Credit Union (and other institutions) may rely on the account or other identifying numbers as the proper identification, even if it identifies a different party or institution. If the wire is cleared through the Federal Reserve, Regulation J governs the transaction. The Credit Union may establish or change cut-off times for the receipt and processing of funds transfer requests, amendments or cancellations. Unless other times are posted for various types of funds transfers, the cut-off time will be 9:00am to 1:00pm on each business day for domestic wires within the United States, and 9:00am to 11:00am on each business day for international wires. If you give the Credit Union a payment order which identifies the beneficiary recipient of the funds, by both name and identifying account number, payment may be made by the beneficiaries financial institution on the basis of the identifying or account number, even if the number identifies a person different than the named beneficiary. This means that you will be responsible to the Credit Union if the funds transfer is completed on the basis of the identification number you provided the Credit Union. If you give the Credit Union a payment order which identifies an intermediary or beneficiary's financial institution by both name and an identifying number, a receiving financial institution may rely on the number as the proper identification even if it identifies a different person than the named bank. This means that you will be responsible for any loss or expenses incurred by a receiving bank which executes or attempts to execute the payment order in reliance on the identifying number you provided.

Member Signature: _____

INTERNAL USE ONLY:
TAKEN BY: _____ TRANSACTION POSTED BY: _____ FEE POSTED BY: _____

TIME: _____
TYPE OF IDENTIFICATION VERIFIED: _____