



Wire Transfer Authorization

To: Wire Transfer Department Date _____

Transfer \$ _____ by wire to _____
(Name of Institution)

(Location) (ABA number)

For credit to the account of:

Name _____ Account No. _____

Further Credit _____ Account No. _____

Physical Address _____

City _____ State _____ Zip _____

Payment to cover the above transfer request is as follows:

Total Charge \$ _____ to account number _____

A fee of **\$15.00** is included in above payment (*fee subject to change for international wires*)

Name of Account _____

Physical Address _____

City _____ State _____ Zip _____

Identification Used _____ Issuing State _____

Day Time Contact Phone Number(s) _____

(We must be able to contact member within 24-48 hours in case of problems with wire)

The undersigned acknowledges and agrees: THE LIABILITY OF THE CREDIT UNION SHALL BE LIMITED TO TRANSFER ERRORS WITHIN CREDIT UNION'S CONTROL, OR FAILURE OF CREDIT UNION TO HONOR AN ORDER UPON THE DATE RECEIVED IF CREDIT UNION DEADLINES HAVE BEEN MET; THE WIRE TRANSFER TERMS IN THE MASTER ACCOUNT AGREEMENT APPLY; THE CREDIT UNION IS NOT LIABLE FOR ANY LOSS OR DAMAGE ARISING OUT OF CIRCUMSTANCES OR EVENTS NOT WITHIN CREDIT UNION CONTROL AND IN ANY EVENT CREDIT UNION IS NOT LIABLE FOR ANY CONSEQUENTIAL OR SPECIAL LOSS OR DAMAGE.

(Signature of person authorizing transfer)

ACCEPTANCE BY CREDIT UNION

The above authorization is accepted and I have compared the recipients name and country against the OFAC list at www.ustreas.gov/ofac and determined that they are not on the list. I have posted these funds from the members' account.

Tuscaloosa Teachers Credit Union

Keyed In TTCU By _____

Processed In CACU By _____

Can Number _____

Date _____ Time _____

OFAC Verified _____ ID Verified _____

Wire Sequence Number _____

Verified in CACU by _____ Time _____