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**IMPORTANT: READ CAREFULLY
 BEFORE SIGNING AUTHORIZATION**

**OUTGOING MEMBER WIRE
 TRANSFER AGREEMENT**

You authorize us, Vision One 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 financial institutions involved in the funds transfer may impose additional charges.

We may fail to act or delay 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 a payment without any liability if sending the order would violate any guideline, rule or regulation of 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 on 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 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 order.

We have cutoff times for processing payment orders. Orders received prior to 11:00 am will be same day transmitted. If you give us the 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 Vision One 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 number may identify a person other than the beneficiary named. If you give us the name and identifying number of a bank, we and the 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 order.

Fedwire is the funds transfer system of the U.S. Federal Reserve Bank. We or other banks involved may use Fedwire to make the funds transfer. If any part of the funds transfer is carried by Fedwire, your rights and obligations regarding the funds transfer are governed by regulation J of the U.S. Federal Reserve Board.

When a payment order is issued by a member, the security procedure involves use of identification methods that may involve, photo identification, signature verification of original signature, confidential code word and/or call back procedure by Vision One Credit Union.

You authorize Vision One Credit Union to debit your account to pay for this funds transfer. We notify you about the funds transfer by listing it on your 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 unauthorized or erroneous debt.

INSTRUCTIONS: All lines must be completed

Member's Name (please print) _____
 Social Security No. _____ Drivers License _____
 Member Account Number and Share Type (funds withdrawn from):
 No. _____ S-Type _____ Balance \$ _____
 Contact Phone Number for Member: (____) _____
 Initial amount to be sent \$ _____ Fee Charged \$ _____
 Confidential Code Word (for subsequent request only) _____

RECEIVING FINANCIAL INSTITUTION WIRING INSTRUCTIONS

ABA 9-DIGIT Routing Number _____
 Financial Institution Name _____
 Financial Institution Phone No. (____) _____
 Branch Address _____
 City _____ State _____ Zip _____
 Special Instructions: _____

 Name on Account at Receiving Financial Institution _____
 Account No. at Receiving Financial Institution: _____
 Type of Account at Receiving Financial Institution savings checking _____

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

Member Signature _____ Date _____

CREDIT UNION USE ONLY

Verification Method:	<input type="checkbox"/> Dr. License	<input type="checkbox"/> Signature	<input type="checkbox"/> Person Known
	<input type="checkbox"/> S.S. No.	<input type="checkbox"/> Mothers Maiden	<input type="checkbox"/> Confidential Code
Call Back: Members Phone No. (____) _____	Time: _____		
Request Taken By: _____	Time: _____		
Processed By: _____	Verified By: _____		
Date and Time Processed: _____	Fed. ID. No. _____		
Recipient OFAC check clear <input type="checkbox"/>			

SENDER INFORMATION:

Name: _____
 Address: _____
