



## Outgoing Wire Transfer Authorization Form

Deadline: 12:00 p.m. PST. Any requests received after the deadline will not be processed until the next business day. Vision One Credit Union cannot control the delivery date of the receiving financial institution.

Telephone: (800) 327-2628  
 Fax: (916) 363-4298  
 E-mail: mail@visionone.org  
 Mail: Vision One Credit Union  
 P.O. Box 277637  
 Sacramento, CA 95827-7637

Domestic and International Wire Fees: Please refer to our Fee Schedule

<b>Section 1: Sender Information</b>				
Member's Name		Vision One Account Number/Share ID		Wire Amount
Street Address		Apt #	Home/Work Phone	
City		State	Zip	Cell Phone
<b>Section 2: Receiver's Bank Information (Required for both Domestic and International wires)</b>				
Receiver's Bank Name				
Receiver's Bank Street Address				
City		State	Zip	Country
Domestic Wire: Bank's ABA/Routing # (9-digits)		International wire: BIC/Swift Code		
_____ - _____ - _____		(8-11 alpha numeric characters)		
<b>Section 3: Beneficiary's Information</b>				
Beneficiary's Account Number			Wire Purpose	
Beneficiary's Name			IBAN Number (International Wires Only)	
Beneficiary's Street Address				
City		State	Zip	Country
Optional Memo (Example: Invoice Number, tuition payment, escrow number, etc.)				
<b>Section 4: Respondent Bank Information (International wires, if applicable)</b>				
Respondent's Bank Name			Respondent's Bank Account Number	
Respondent's Bank Street Address				
City		State	Zip	Country

**Section 5: Authorizing Signature Important Read Carefully Before Signing**

You authorize us, Vision One Credit Union, to transfer funds (a funds transfer) as shown on the 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.

***I hereby authorize Vision One Credit Union to transfer funds by wire as shown above. I understand that my account will be debited the 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 Authroization printed on the back of this agreement.***

\_\_\_\_\_  
Member's Signature (electronic signatures not acceptable)

\_\_\_\_\_  
Today's Date

**For Vision One Credit Union Office Use Only - OFAC Check**

Verification Method:    Driver's License    Signature    Person Known    SSN #    Mother's Maiden Name

Confidential Code    Fee Charged \$ \_\_\_\_\_

Call Back: Member's Phone No. \_\_\_\_\_ Time: \_\_\_\_\_

Request Taken By: \_\_\_\_\_ Time: \_\_\_\_\_

Processed By: \_\_\_\_\_ Verified By \_\_\_\_\_

Date/Time Processed: \_\_\_\_\_ Fed. ID. No. \_\_\_\_\_ Recipient OFAC cleared