



ALABAMA
credit union

DOMESTIC WIRE TRANSFER FORM

Date: _____ Wire Transfer Amount: \$ _____

From: Originator's Identifier Number (Account Number): _____

Originator's Name: _____

Originator's Address: _____

To: Name of Receiving Bank: _____

Branch/City/State: _____

ABA Number: _____

For further credit to: Bank Name: _____

Branch/City/State: _____

ABA/Account Number: _____

For final credit to: Receiver's Name: _____

Receiver's Account Number: _____

Receiver's Address: _____

Payment to cover the above transfer request is as follows:

To be paid by transfer from Alabama Credit Union account # _____

Suffix: 00 Savings 50 Checking 40 Daily Money Market

Debit of \$ _____ to include Wire Transfer Fee of \$14.

I, the undersigned, agree this transaction will not be processed until Alabama Credit Union has contacted me using information provided on my account to confirm my identity and the authenticity of this wire transaction request. I agree the LIABILITY OF ALABAMA CREDIT UNION SHALL BE LIMITED TO TRANSFER ERRORS WITHIN THE CREDIT UNION'S CONTROL, OR FAILURE OF CREDIT UNION TO HONOR AN ORDER UPON THE DATE RECEIVED IF BANK DEADLINES HAVE BEEN MET. I agree Alabama Credit Union is not liable for any loss or damage arising out of circumstances or events not within Alabama Credit Union's control, and in any event, Alabama Credit Union is not liable for any consequential or special loss or damage. I agree I have read the sections of the Alabama Credit Union Membership & Account Agreement and Rate & Fee Schedule regarding Wire Transfers.

Signature: _____ Date: _____ Time of Day: _____

Printed Name: _____

Daytime phone (required): () _____

Please print legibly or type. When completed, deliver or fax to: Alabama Credit Union, 220 Paul Bryant Drive East, (P. O. Box 862998), Tuscaloosa, AL 35486-0027; Fax (205) 348-3892.

For Alabama Credit Union use only:

Rev. May 2010

Completed by: _____ IDV Form completed? _____ Date: _____