

NSLFCU WIRE TRANSFER REQUEST and DISCLOSURE AGREEMENT

DOMESTIC & INTERNATIONAL

SECTION ONE NSLFCU MEMBER INFORMATION

Date	Amount to Transfer	Account Number	Suffix
Primary Name (Last Name, First Name, Middle Initial)			
Address		City, State, Zip Code	
Daytime Phone	Cell Phone	Email Address	

SECTION TWO BENEFICIARY FINANCIAL INSTITUTION

Financial Institution Name	9 Digit ABA Routing Transit Number
Address	City, State Zip Code
SWIFT CODE (International Wires Only)	BRANCH CODE (International Wires Only)

SECTION THREE CREDIT TO

Account Name	Account Number
Address	City, State, Zip

SECTION FOUR FOR FURTHER CREDIT TO (Third Party/Investments/Final Credit)

Account Name	Account Number
Address	City, State, Zip

Special Instructions

SECTION FIVE SIGNATURE

Wire Transfer Request must be received by 3:00 pm to be processed the same day. A \$20.00 processing fee for domestic wire transfers and a \$30.00 processing fee for international wire transfers will be applied. The None Suffer Lack FCU has no control over how long a domestic or international wire will take to be received by the receiving bank.

I have read and agree to the terms identified in the None Suffer Lack FCU Wire Transfer Disclosure Agreement and hereby authorize the NSLFCU to charge my account for the wire transfer requested above. I understand additional fees may be deducted from my wire transfer by other institution (s) upon posting final credit. The NSLFCU shall not be held liable for such charges.

Member/Joint Owner Signature	Date
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For Credit Union Use Only

PROCESSING STAFF INITIALS	DATE & TIME RECEIVED	Valid Picture ID# _____ Or If Faxed Signature verified with signature card YES <input type="checkbox"/> NO <input type="checkbox"/>
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