

## DOMESTIC WIRE-TRANSFER REQUEST AND AUTHORIZATION

Email completed form to wires@actorsfcu.com

Wire transfer request are subject to verification prior to processing. Domestic wire transfer fee is \$25.00.

ORIGINATOR INFORMATION						
First, Middle and Last Name or Business Name			Account Number	☐ Share ☐ Draft	Amount of Transfer	
Physical Address (NO P.O. Boxes or M	ddress (NO P.O. Boxes or Mailboxes) City, State/Province, Zip and Country Email Address					
FINANCIAL INSTITUTION INFORMATION						
Institution Name		ABA,	ABA, Routing, or Transit Number		Phone Number	
Physical Address (NO P.O. Boxes or Mailboxes)			City, State/Province, Postal Code and Country			
Special Instructions (If none, leave blank)						
BENEFICIARY INFORMATION						
First, Middle and Last Name or Business Name			Phone Number		Account Number	
Physical Address (NO P.O. Boxes or Mailboxes)			City, State/Province, Postal Code and Country			
Special Instructions (If none, leave blank)						
• The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect/inaccurate information provided. The undersigned authorizes Actors Federal Credit Union ("ActorsFCU") to use any means it deems suitable for the transmission of the funds, understands, and agrees that in carrying out this payment order, ActorsFCU acts only as an agent. The undersigned hereby releases ActorsFCU from all liability from any loss unless the loss arises out of ActorsFCU's failure to act in accordance with the undersigned's instructions given pursuant to this authorization. If the undersigned's authorization identifies the beneficiary both by a name and an identifying number or bank account number and the name and number identifying fill different persons, payment or cancellation of the payment order may be made solely on the basis of the number. ActorsFCU complies with all State and Federal laws that govern wire transfers. ActorsFCU will not be liable to make any refund to the undersigned for canceled requests until after ActorsFCU receives confirmation of the returned funds. The undersigned agrees to promptly review all notices from ActorsFCU regarding the execution of funds transfer for the undersigned will advise ActorsFCU of erroneously executed funds transfers within two (2) business days following notification. The two (2) business day period shall begin to run after the undersigned has received sufficient information to reasonably determine that the funds transfer was erroneous. The undersigned understands and agrees, ActorsFCU has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of the funds. In addition, a delay in the payment order request may be caused by, but not limited to, insufficient information, insufficient funds, security procedures, verification, and/or conversion into a foreign currency, as applicable.  ActorsFCU has established reasonable security procedures, which may cha						
v			/	/	()	
X					Home, Cell or Work (Circle One)	
	*****		N USE ONLY★★★	***		
		Wire Request		🗖		
Demost Desired De (T. H. C.	Method of Submission	on In person $\square$		y email	T:	
Request Received By (Teller Stamp)	1	n - ET / CT / PT	Request Verified By (T	ener stamp)	Time am/pm-ET/CT/PT	
			& Confirmations	🗖		
<u> </u>		FinCEN - Ran 🗆	Entered onto Al		Fee and Funds Debited from Account	
Request Processed By (Teller Stamp)	Time am / pn	n - ET / CT / PT	Request Approved By (	Teller Stamp)	Time am / pm - ET / CT / PT	