

## 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.

		ORIGIN	ATOR IN	NFORMATION			
First, Middle and Last Na	me or Business 1	Name		Account Number	☐ Share ☐ Draft	Amount of Transfer	
Physical Address (NO P.O. Boxes or N	Mailboxes) City, State/Province			e, Zip and Country		Email Address	
Purpose of Wire (REQUIRED)							
I di di N	NANCIAL IN	ION INFORMATION		DI N 1			
Institution Name			ABA, Routing, or Transit Number Phone Number				
Physical Address (NO P.O. Boxes or Mailboxes)				City, State/Province, Postal Code and Country			
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)							
Special instructions (it note, ture blank)							
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 exercise ordinary care, failure to act in good faith, or 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 identify 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 were transfers. ActorsFCU will not be liable to make any refund to the undersigned or 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 davise 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 procedure, verification, and/or conversion into a foreign currency, as applicable.  • ActorsFCU has established reasonable security procedures, which may change from time to time. The undersigned will be notified of the security procedure, if any, to be used to verify payment orders issued							
Member's Signature - No eSignatures Permitted				Date	, (	) -	
X				/ /		Home, Cell or Work (Circle One)	
	***			N USE ONLY ***	OX X		
Wire Request Submission  Method of Submission In person □ By fax □ By email □							
Request Received By (Teller Stamp)	Time am / pm - ET / CT / PT			Request Verified By (Te		Time am / pm - ET / CT / PT	
Processing Checklist & Confirmations							
Wire Transfer PIN () - V	Verified 🗆	OFAC/FinCEN		Entered onto Alle	oya 🗆	Fee and Funds Debited from Account	
Request Processed By (Teller Stamp)	Time am / pm - ET / CT / PT		Request Approved By (7		Time am / pm - ET / CT / PT		