



1151 Southview Blvd.
South St. Paul, MN 55075

651-451-3330
www.wakotafcu.org

Domestic Wire Transfer Agreement

We will not be liable to you if we do not act upon or delay acting upon any wire transfer if any of the following circumstances occur:

- Legal Order
- Interruption of communication
- War
- Equipment failure
- Emergency situation
- Potential violation of any government regulation
- Other circumstances beyond our control

If you provide us the name and account number of the individual you wish to receive the funds, we and other banks may process the wire transfer based on the account number alone, even if the account number identifies a person other than the person you name. If you provide the names and numbers of the receiving bank and any intermediary bank, we and other banks may process the wire transfer based on the banks identifying number alone, even if the number identifies a bank other than the one you name. If the correct person does not receive payment, you are still obliged to pay us the amount of your wire transfer order.

If we receive your wire transfer order after our cutoff time we will process your order on the next business day. We reserve the right to reject wire transfer orders without liability to you and without obligation to pay interest for the period before you receive your notification. If we reject your wire transfer order we will notify you verbally or in writing.

Once we have received your wire transfer order you have no right to cancel or change it. We may make reasonable effort to accommodate your request but we are not liable to you for failure to make changes or cancel the order. You agree to pay us any costs or losses we incur in our attempt to change or cancel your wire transfer order.

If you are requesting a wire transfer to be sent outside of the United States, you understand you do so at your own risk. The Credit Union will not be liable for any reason if the funds are not received or are misapplied during the wire transfer process. The Credit Union will not be liable for consequential damages in the event that loss is sustained because it has failed to carry out instructions in a reasonable manner.

Sending Members Name _____ Acct.# _____ SFX _____
 Physical Address _____ (No PO Box)
 SSN: _____ Amount \$ _____ Fee \$ _____
 Daytime Phone#: _____ (in case we need to contact you if the wire is rejected)

Where to:
 Institutions Name _____
 City & State: _____ Phone #: _____
 ABA Number: _____

For further credit:
 Institutions Name _____
 City & State: _____ Phone #: _____
 ABA Number: _____

Person Receiving Wire _____
 Physical Address _____ (No PO Box)
 Account #: _____ Type of Acct.: _____

Date: _____ Member Signature: _____

For Office Use Only	OFAC Name Search: _____
CU Rep. _____	Done By: _____ Date: _____ Time: _____
	Sender Results: _____ (Negative or Positive)
	Receiver Results: _____ (Negative or Positive)
*Positive results are to be given to the compliance officer immediately.	