



Outgoing Domestic Wire Form

\*Required fields

Wire Amount: \* \$ \_\_\_\_\_

RECIPIENT (Beneficiary) INFORMATION	
Receiving Institution Name*	Receiving Institution ABA / Routing #*
Beneficiary Name*	Beneficiary Account #*
Beneficiary Physical Address (NO P.O. Boxes)*	Beneficiary City, State, ZIP Code*
Final Credit to (if different from above)	Account #
Physical Address	City, State, ZIP Code
Intermediate or Beneficiary FI Name (if any)	ABA / Routing #:
Physical Address	City, State, ZIP Code
Comments on Advice	

ORIGINATOR (Member) INFORMATION	
By the order of (First, Middle and Last Name or Business Name)*	Account #*
Physical Address (NO P.O. Boxes)*	City, State, ZIP Code*

- The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect/inaccurate information provided. The undersigned authorizes Greater Metro Federal Credit Union ("Greater Metro FCU") to use any means it deems suitable for the transmission of the funds, understands, and agrees that in carrying out this payment order, Greater Metro FCU acts only as an agent. The undersigned hereby releases Greater Metro FCU from all liability from any loss unless the loss arises out of Greater Metro FCU'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. Greater Metro FCU complies with all State and Federal laws that govern wire transfers. Greater Metro FCU will not be liable to make any refund to the undersigned for canceled requests until after Greater Metro FCU receives confirmation of the returned funds. The undersigned agrees to promptly review all notices from Greater Metro FCU regarding the execution of funds transfer for the undersigned.
- The undersigned will advise Greater Metro FCU 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, Greater Metro FCU 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.
- Greater Metro FCU 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 by the undersigned or for which the account will be liable. The undersigned agrees that the authenticity of this payment order shall be verified using that security procedure, unless the undersigned notifies Greater Metro FCU, in writing, that the undersigned does not agree to that security procedure. In that event, Greater Metro FCU will have no obligation to accept any payment order from the undersigned or other authorized parties on the account until the undersigned and Greater Metro FCU agree, in writing, of an alternative security procedure. This Wire Transfer Agreement & Authorization applies only to the wire transfer identified above.
- Wire transfer instructions received after deadlines [Domestic (4:00 p.m. Eastern Time) - International (3:00 p.m. Eastern Time)] on a business day, Saturdays, Sundays, Federal Reserve Bank holidays or a day Greater Metro FCU is closed for business, will be processed the following business day.

I authorize Greater Metro FCU to withdraw and wire funds from my account as indicated above.

Member Signature: \* \_\_\_\_\_ Date: \* \_\_\_\_\_

<b>Official Use</b>						
MSR Initials:	Received Date:	Received by (Circle):	Mail	Fax	Email	In-Branch Phone

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