

**BENCHMARK FEDERAL CREDIT UNION**  
**DOMESTIC WIRE TRANSFER AUTHORIZATION**

MEMBER NAME \_\_\_\_\_

DATE \_\_\_\_\_

MEMBER ADDRESS \_\_\_\_\_

BFCU ACCOUNT # \_\_\_\_\_

\_\_\_\_\_

BFCU ACCOUNT TYPE \_\_\_\_\_

JOINT OWNER ON ACCOUNT \_\_\_\_\_

SOC SEC # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

CALL BACK # \_\_\_\_\_

WIRE PIN NUMBER \_\_\_\_\_

**WIRING INSTRUCTIONS**

WIRE AMOUNT \_\_\_\_\_

RECEIVING BANK NAME \_\_\_\_\_

RECEIVING BANK CITY AND STATE \_\_\_\_\_

RECEIVING BANK ABA /ROUTING # \_\_\_\_\_

BENEFICIARY NAME \_\_\_\_\_

BENEFICIARY ACCOUNT NUMBER \_\_\_\_\_

SPECIAL WIRING INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOU MUST IDENTIFY THE INTENDED RECIPIENT OR ANY FINANCIAL INSTITUTION BY NAME, ABA NUMBER, AND ACCOUNT NUMBER. THE CREDIT UNION AND OTHER FINANCIAL INSTITUTIONS MAY RELY ON THIS INFORMATION AS THE PROPER IDENTIFICATION, EVEN IF IT IDENTIFIES A DIFFERENT PARTY OR INSTITUTION. THIS WIRE TRANSFER IS GOVERNED BY REGULATION J OF THE FEDERAL RESERVE BANK AND ARTICLE 4A OF THE UNIFORM COMMERCIAL CODE. WIRE CUT-OFF TIME IS AT 3:00PM OF EVERY FUNDS TRANSFER BUSINESS DAY. IF YOU ARE MAKING THIS WIRE TRANSFER ORDER VERBALLY, THE ABOVE INFORMATION WAS READ TO YOU.**

MEMBER'S SIGNATURE \_\_\_\_\_

PREPARED BY \_\_\_\_\_

WIRED BY \_\_\_\_\_

VERIFIED BY \_\_\_\_\_

BENCHMARK Federal Credit Union  
P.O. Box 2387  
West Chester, PA 19380

Re: Money Transfer Agreement

I authorize BENCHMARK Federal Credit Union to receive, honor, execute and charge my account for all oral orders for fund transfers. I agree to have my signature on this form witnessed by a Credit Union employee, Notary Public, or Signature Guarantee. I also agree to the following:

1. Pursuant to this agreement, BENCHMARK Federal Credit Union may transfer funds from my specified account with the Credit Union to any other financial institution account, either domestic or foreign.
2. I will not reveal my PIN (Personal Identification Number) noted on this agreement to anyone other than to the Credit Union's Accounting Department at 1522 McDaniel Drive, West Chester, PA 19380.
3. When requesting a wire transfer. I must be available for a telephone call-back to verify the specific wire transfer instructions. The wire transfer will not be made if I can not be reached on the telephone for verification.
4. BENCHMARK Federal Credit Union's duties and responsibilities will be limited to those set forth herein. The Credit Union will use care in performing same and shall be responsible for any loss sustained by Member only to the extent such loss is caused by the Credit Union's negligence; however, in such case liability shall extend only to the direct loss resulting there from, as opposed to consequential or special loss or damages. Nothing herein shall be deemed as assumption by the Credit Union of any liability which Member may have or incur to others. The performance of or failure to perform responsibilities hereunder which is caused by act of God, fire or other catastrophe, electrical or computer failure, act of, delays or failure to act by any carrier and/or agent operating between Credit Union and Member or, without limiting the generality of any foregoing, any other cause beyond the Credit Union's control.
5. This Agreement shall remain in force and effect until either party shall give written notice of revocation. The indemnifications and limitation of liability provisions of this Agreement will be governed by the laws of the Commonwealth of Pennsylvania.

Submitted by: \_\_\_\_\_  
(Authorized Signer on Account)

Account Number \_\_\_\_\_ Pin Number \_\_\_\_\_

Accepted by: \_\_\_\_\_  
(Credit Union Staff)

OR

Subscribe and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_