



WIRE TRANSFER REQUEST AUTHORIZATION FORM

PLEASE COMPLETE FORM AND FAX TO 334-241-8789

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| Member Name (Originator/Sender): | Member Account Number (to be Debited): Account Number - Share ID | DATE: |
| Member Phone # | Alt. Member Phone # | |
| Member Street Address: | City, State, Zip Code: | AMOUNT OF TRANSFER: \$ |
| Transfer to - NAME OF RECEIVING BANK: | | Receiving Bank's ROUTING/TRANSIT NUMBER: (Include Branch Name and Number if known) |
| Credit To - NAME OF BENEFICIARY (Recipient): | | ACCOUNT NUMBER OF BENEFICIARY: |
| Street Address of Beneficiary (If Known): | | City, State & Zip: |
| Purpose of wire transfer: (i.e. cannot be personal expenses, business reasons, etc.) | | |
| SPECIAL PAYMENT INSTRUCTIONS OR REFERENCES (OR OTHER IDENTIFIERS OF THE BENEFICIARY): | | |
| <p>The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect or inaccurate information provided. The undersigned authorizes Alabama National Guard Credit Union (the "Credit Union") to use any means it deems suitable for the transmission of the funds and understands and agrees that in carrying out this wire transfer, the Credit Union acts only as an agent. The undersigned hereby releases the Credit Union from all liability from any loss unless the loss arises out of the Credit Union'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 or bank account number and the name and number identify different persons, payment or cancellation of the order may be made solely on the basis of the number. The Fedwire System may be used for this wire transfer. Federal Reserve Regulation J is the law covering Fedwire transactions. The Credit Union will not be liable to make any refund to the undersigned for canceled requests until after the Credit Union receives confirmation of the returned funds. The Credit Union has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of the funds. Wire transfer instructions received after 3:00 p.m. Central Standard Time, or on a day the Federal Reserve Bank observes as a holiday and the Credit Union is open for business, will be processed on the following business day.</p> | | |
| Member Signature: | Telephone Numbers: Daytime: () Evening: () | Date: |

| -- INTERNAL CREDIT UNION USE ONLY -- | |
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| BRANCH SUPPORT FAX CALLBACK: Callback PH# _____ Time: _____ Verified By: _____ <i>(Record name of contact and data verified on the Fax request & attach Fax to this Form.)</i> | TO BE COMPLETED BY BRANCH RECEIVING MEMBER REQUEST: Branch Name: _____ DATE: _____ TIME: _____ MSC/MSS ID: _____ VERIFIED: FUNDS AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO ID VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> ACCOUNTING EMPLOYEE ID # _____ VERIFYING EMPLOYEE ID # _____ |