



Date: _____

Time: _____

Wire Transfer Daily Cutoff Time:
1:30 PM

We must speak with you prior to processing this wire. Please be available at a number we have on file, or you can call us after you fax back this form.

Member Name	Account Number	Share ID
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Complete all applicable sections in their entirety.

Section A: Wire Amount & Fees

Wire Fee	Wire Amount
	Transaction Total

Section B: Receiving Banking Information

Receiving Bank ABA#	Receiving Bank Name
Required, describe purpose of Wire	
Reference Information (optional)	

Section C: Wire Recipient (Beneficiary) Information

Beneficiary Account #	Beneficiary Name	
Beneficiary Address		
City	State	Zip
2nd/Intermediary Bank Account #	2nd/Intermediary Bank Name	
City	State	Zip
Further Credit To Account #	Further Credit To	

Section D: Signature

By signing below you acknowledge the information provided above is correct and acknowledge receiving a copy of the agreement and regulations found on page 2 in section E titled "Agreement & Regulation".

Signature	Date
Request may be submitted by email or fax	
Fax: 904-357-3503	
Email: answers@radificu.org	
Please note that request made by phone, fax, or email require a call back for verification.	

For Internal Use Only

Associate Signature	Date	Time
<small>**Call Back Required for Email, Fax, and Phone**</small>		
Branch #	Teller #	Circle One: In Person By Phone By Email By Fax Call Back

Retain for your records

Section E: Agreement & Regulations

Agreement: By requesting the funds transfer, the undersigned member (“you”) and RadiFi Federal Credit Union (“Credit Union,” “we,” “us,” or “our”) agree as follows: Regulation J determines the rights and liabilities for Fedwire wire transfers and Florida’s Uniform Commercial Code Article 4A determines rights and liabilities for non-Fedwire wire transfers. You agree to examine the periodic statement within 14 days after the statement is mailed and immediately notify us of any discrepancy or error. If you fail to notify us within 14 days after the statement is mailed you shall discharge and relieve us from any liability of claims, demands or expenses (including attorney’s fees) in connection with such discrepancy or error. If a beneficiary is identified by name and/or only by an identifying or account number, payments to the beneficiary may be made using that identifying or account number even if the number identifies a person different than the named beneficiary.

If a payment order identifies an intermediary party of beneficiary’s financial institution by both name and/or only an identifying or account number, we and any receiving financial institution may rely on the number as the proper identification of the intermediary party of beneficiary’s financial institution. You agree to indemnify the Credit Union for any loss or expense that results from its reliance on an incorrect identifying or account number.

Any rate of interest that the Credit Union is obliged to pay as a penalty under Regulation J or Florida law shall be equal to the dividend rate paid on the account from which the funds transfer should have occurred or to which the proceeds of the fund transfer were or should have been deposited, whichever is lower. The Credit Union’s liability is limited to the payment of this interest. You agree that under no circumstances with the Credit Union be liable for any indirect, incidental, consequential, remote or special losses or damages, including attorney’s fees and costs.

The cutoff time is 1:30 pm EST each weekday we are open that is not a holiday. Orders received after the cut-off time are treated as being received the next day we are open. The cut-off time may be extended without notice to you if an intermediary or beneficiary institution is closed. We are under no obligation to accept a payment order, cancellation or amendment, but may do so at our option. We are not obligated to give you notice of such action but notice may be given in your periodic statement or as otherwise required by law. Funds transfers will be made in accordance with our rules, procedures and fees as amended from time to time. We may cancel or modify this agreement at any time without prior notice to you. You may not modify this agreement without prior written approval from us. No representation or statement made by any employee of ours shall be binding on us.

All payment orders, amendments and cancellation orders will be made according to the Credit Union’s security procedure. The security procedure is intended to verify that an order is authorized and detect errors in the transmission or content of the payment order. The security procedure we will use includes: 1) completion of the wire transfer form, 2) valid photo I.D. for requests, 3) call back for verification of request received by fax, email and phone. A payment order, amendment or cancellation order verified by the security procedure is effective as your order, whether or not the order is in fact authorized. You agree to the above security procedure.