



Financial Freedom **for ALL.**[®]

Wire Transfer Instructions

When sending funds through wire transfer, please complete/provide the following:

- Wire transfer form
- Wire transfer agreement
- A clear copy of your photo ID
- Instructions from receiver (if applicable)

When receiving funds through wire transfer, please provide the sender with:

- DFCU address - 400 N. Columbus St., Alexandria, VA 22314
- DFCU Routing/ABA number 254074688

FEES

- Domestic wire transfer = \$20
- International wire transfer = \$30

Fax all requests to **571-527-2359** or email member_serv@democracyfcu.org.

***Please note: for international wires, the Credit Union does NOT have the Swift code.

FUNDS/WIRE TRANSFER AGREEMENT

From time to time you may desire to initiate funds transfer from authorized accounts held at the credit union. These funds transfer requests are called payment orders in this Agreement. This Agreement governs all payment orders you give us.

Member No: _____

MEMBER IDENTITY INFORMATION

Member/Owner: _____ Day Phone No: _____
Mailing Address: _____ City/State/Zip: _____

ACCOUNTS SUBJECT TO THIS AGREEMENT

The following authorized accounts are governed by this Agreement:

<input type="checkbox"/> Share/Savings _____	Suffix* _____	<input type="checkbox"/> Share Draft/Checking _____	Suffix* _____	<input type="checkbox"/> Money Market _____	Suffix* _____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed above. If this Agreement applies to more than one account of the same type, more than one suffix will be listed for that account type.

SECURITY MEASURES

The following security measures shall be used by the credit union for the purpose of verifying all payment order requests. The credit union will use the security measures checked below.

Call Back Procedure — When we receive your payment order request, we will confirm the payment order by calling any of the contact persons authorized to verify transfers at the telephone number listed below:

Contact Person #1: _____ Day Phone No: _____

Contact Person #2: _____ Day Phone No: _____

Contact Person #3: _____ Day Phone No: _____

Password — When verifying and authorizing a payment order you must give us your password which is: _____

Other Security Measures: _____

LIMITATIONS ON PAYMENT ORDERS

You authorize the following checked limitations and criteria to be applicable to each transaction covered by this Agreement. The credit union will use the limitations checked below to process the funds/wire transfer.

Frequency: You will make up to _____ payment orders per _____ **Other:** _____

Amounts: The maximum amount of any payment order is \$ _____

The minimum amount of any payment order is \$ _____

AUTHORIZATIONS

You authorize the following persons to submit payment orders in your name. The credit union may rely on any actual or facsimile signature that reasonably resembles the signature of the Authorized Person provided below until notified in writing of a change.

Authorized Person #1 (print) _____ Title (if applicable) _____

X
Signature _____

Authorized Person #2 (print) _____ Title (if applicable) _____

X
Signature _____

Authorized Person #3 (print) _____ Title (if applicable) _____

X
Signature _____

Authorized Person #4 (print) _____ Title (if applicable) _____

X
Signature _____

AGREEMENT

This Funds Transfer Agreement ("Agreement") governs the procedures and responsibilities concerning payment orders initiated by the Account Owner through the credit union named in this Agreement.

DEFINITIONS: In this Agreement, the words, "you", "us," and "yours" mean the Account Owner that signs this Agreement. The words "we", "us," and "our" mean the credit union that signs this Agreement. The word "account" means any account or accounts designated on this Agreement. The terms used in the Agreement have the meaning given to them in Article 4A of the Uniform Commercial Code.

ACCOUNT OWNER LIABILITY: You agree to be bound by any payment order, whether or not authorized, issued in your name accepted by us in compliance with the security procedures chosen by you in this Agreement.

CHANGES TO AGREEMENT: The security procedures and other terms of this Agreement may be changed only by amendment to this Agreement or by executing a new Agreement. The

Agreement may not be changed by an oral agreement or by a course of dealing or custom.

SECURITY PROCEDURES: We will follow the security agreement procedures identified in this Agreement. You agree that these procedures are commercially reasonable methods of verifying payment orders and other electronic funds transfers.

UNIFORM COMMERCIAL CODE ARTICLE 4A: Any electronic funds transfers that we permit that are subject to Article 4A of the Uniform Commercial Code will be subject to the provisions of this Agreement and the provisions of the Uniform Commercial Code as enacted by the state where the main office of the credit union is located.

PAYMENT ORDERS: This is not the document that authorizes a payment order or other electronic funds transfers. We may require you to complete a separate document at the time of each payment order.

NOTICE: Notice to any Account Owner is considered notice to all Account Owners.

SIGNATURES

By signing below the parties agree to all the terms and conditions of this Agreement and acknowledge receipt of a copy.

Account Owner (print) _____ Title (if applicable) _____

X
Signature _____ Date _____

Credit Union Representative (print) _____ Title (if applicable) _____

X
Signature _____ Date _____



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WIRE TRANSFER REQUEST FORM

Wires not faxed to a branch must be faxed to the Member Call Center at 571-527-2359

Request must be received by 3:00 pm for same day transfer

Date			
Account Number		Type of Account	
Member Name		Member Phone #	
Member Address			
Wire Amount \$		Mbr Identification	

Receiving/Corresponding Institution Information

Financial Institution Name			
Financial Institution Address			
ABA/Routing #		Telegraphic Name	

Beneficiary Information

Beneficiary Name			
Beneficiary Account #			
Beneficiary Address			

If Corresponding Institution Used

Final Credit To			
Account #			
Final Beneficiary Address			

Special Instructions

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Remitter Authorization

The undersigned authorizes the Credit Union to initiate the transfer of funds and charge the account indicated. The Credit Union is released from all responsibility, obligation and/or costs associated with other financial institution's actions, fees, or failure to deliver funds.

I hereby accept and understand that any fees, charges, or commissions leveled by correspondent banks with respect to this transaction are the responsibility of the Remitter, the Beneficiary, or both. In addition, I acknowledge and agree that this Authorization is subject to the terms and conditions stated on the reverse side of this form.

Member's Signature

Date

For Credit Union Use Only

Request taken by		Teller #		Time	
Supervisor Approval		Printed Name			
VP Approval		Printed Name			