

HEALTHNET FCU

Funds Transfer Authorization

FAX: (901) 226-1122

DATE:	MEMBER NAME:	ACCOUNT NUMBER & TYPE TO BE DEBITED:	_____ S _____
AMOUNT TO BE WIRED: \$ _____	FEE - \$15.00	TOTAL TO BE COLLECTED:	\$ _____
NAME OF EMPLOYEE TAKING REQUEST		METHOD OF REQUEST	IN PERSON ___ PHONE ___ FAX ___
RECEIVING FINANCIAL INSTITUTION NAME CITY/BRANCH STATE, ZIP		RECEIVING F.I. ABA #	
INTERMEDIARY FINANCIAL INSTITUTION NAME CITY/BRANCH STATE, ZIP		INTERMEDIARY F. I. ABA #	
FINAL CREDIT ACCOUNT NAME ADDRESS CITY, STATE, ZIP		FINAL CREDIT ACCOUNT NUMBER:	

TO THE EXTENT NOT PROHIBITED BY LAW, THE UNDERSIGNED AGREES THAT THIS WIRE TRANSFER IS IRREVOCABLE AND THAT THE SOLE OBLIGATION OF THE INSTITUTION NAMED ABOVE IS TO EXERCISE ORDINARY CARE IN PROCESSING THIS WIRE TRANSFER AND THAT IT IS NOT RESPONSIBLE FOR ANY LOSSES OR DELAYS WHICH OCCUR AS A RESULT OF ANY OTHER PARTY'S INVOLVEMENT IN PROCESSING THIS TRANSFER.

NOTICE: THE BENEFICIARY'S FINANCIAL INSTITUTION MAY MAKE PAYMENT BASED UPON THE BENEFICIARY'S ACCOUNT NUMBER LISTED ABOVE, EVEN IF IT IDENTIFIES A PERSON DIFFERENT FROM THE NAMED BENEFICIARY.

BY SIGNING BELOW, THE UNDERSIGNED AUTHORIZES THE CREDIT UNION TO PERFORM FUNDS TRANSFERS INITIATED BY ME OR BY ANY PERSON AUTHORIZED BY ME AS A JOINT TENANT OR OTHER AUTHORIZED PARTY WITH THE RIGHT OF ACCESS TO THE ACCOUNT FROM WHICH THE FUNDS TRANSFER IS TO BE MADE. IT IS UNDERSTOOD AND AGREED THAT ALL FUNDS TRANSFER TRANSACTIONS ARE SUBJECT TO THE APPLICABLE TERMS AND CONDITIONS SET FORTH IN THE FUNDS TRANSFER AUTHORIZATION, THE ACCOUNT AGREEMENT AND DISCLOSURE, AND THE SUPPLEMENTAL FEE SCHEDULE, RECEIPT OF ALL OF WHICH IS ACKNOWLEDGED AND WHICH ARE INCORPORATED BY THIS REFERENCE..

MEMBER SIGNATURE

Day Phone: _____ Work Phone: _____ Cell Phone: _____

FOR CREDIT UNION USE ONLY DATE ENTERED: _____ (1:30 P.M. CUTOFF)

BY: _____ TIME: _____

VOLCORP VERIFICATION NUMBER _____

CONFIRMED BY: _____ TIME: _____

CALLBACK: DAY PH ___ WORK PH ___ CELL PH ___ EMPLOYEE _____