INTERNATIONAL
WIRE-TRANSFER REQUEST AND AUTHORIZATION

FAX to (212) 278-8655 (New York) or (323) 938-9035 (Los Angeles)

ActorsFCU MEMBER INFORMATION

Member Name	Account Number	Date	Fee
	☐ Share (Savings) ☐ Draft (Checking)		$35.00

Street Address (no P.O. Boxes)	City, State, and Zip Code	Amount of Transfer
		$

RECEIVING FINANCIAL INSTITUTION INFORMATION

Institution Name	Institution's ABA, Routing, or Transit Number

Swift Code	IBAN	BIC, BSB, or Sort Code

Institution Address (no P.O. Boxes)	City, State, and Zip Code

INTERMEDIATE FINANCIAL INSTITUTION INFORMATION (if any)

Institution Name	Institution's ABA, Routing, or Transit Number

Institution Address (no P.O. Boxes)	City, State, and Zip Code

BENEFICIARY INFORMATION (Recipient)

Beneficiary Name	Beneficiary Account Number

Beneficiary Address (no P.O. Boxes)	City, State, and Zip Code

Reference (Special payment instructions, references, or other identifiers of the beneficiary)

The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect/inaccurate information provided. The undersigned authorizes Actors Federal 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 undersigned agrees to promptly review all notices from the Credit Union regarding the execution of wire transfers and will advise the Credit Union of erroneously executed wire transfers within two business days following the Credit Union's notification. The two business days period shall begin to run after the undersigned has received sufficient information to reasonably determine that the wire transfer was erroneous. 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 2:30 p.m. ET / 11:30 a.m. PT, 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.** If for any reason there are insufficient collected funds in your account to cover the full amount (including fee) of the requested outgoing wire transfer at the time the Credit Union initiates the transfer, the Credit Union will not send the outgoing wire.

Member's Signature	Telephone Number	Date
X	Home (____) ____ - _____ Cell (____) ____ - _____	

★★ CREDIT UNION USE ONLY★★

SENDER ABA: 226077079	SENDER NAME: Actors Federal Credit Union

Request Received By	Date / /	Time a.m./p.m. - ET/PT	Teller Number	Initials

Callback Verification of Fax Requests

Name of Contact and Information Verified	Phone Number	Time a.m./p.m. - ET/PT	Teller Number	Initials

Wire-Transfer Processing

Ran Bridger Insight ☐	Funds Debited from Account ☐	Fee Charged to Account ☐	Entered onto Members United ☐

Name of Representative at Members United	Confirmation Number

Request Processed By	Date / /	Time a.m./p.m. - ET/PT	Teller Number	Initials