



Working together to create a stronger financial
future for all healthcare professionals.

Wire Transfer Request Form

Instructions: Please complete and print all information.

*Required Fields

Debtor (Member Information):

*Name: (originator): _____

*Address: _____

*Social Security Number: _____ *Driver's License Number: _____

*Account Number: _____ *Phone Number: _____

*Wire Purpose: _____

Wire Information:

*Amount of Wire Transfer \$ _____ *Time: _____ *Date: _____

Creditor (Beneficiary):

*Account Number of Receiving FI: _____

*Name on Account at Receiving FI: _____

Beneficiary/Receiver's Address: _____

City, State, Zip Code: _____

Reference #: _____

Instructed Agent (Receiving Institution):

*Receiving Institutions 9 Digit ABA Routing #/Swift/BIC Code: _____

*FI's Name: _____

Branch Address: _____

City, State, Zip Code: _____

Additional Information:

Special Instructions (Name on Escrow Account & Number, Final Credit Information, etc.)



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IMPORTANT: READ CAREFULLY BEFORE SIGNING
WIRE TRANSFER AUTHORIZATION & ACKNOWLEDGMENT

By signing below, you authorize Befit Financial Federal Credit Union (Befit Financial FCU) to initiate a funds transfer ("wire transfer") as specified on the front of this request form. You certify that you have reviewed and verified the accuracy of the information provided and agree to hold Befit Financial FCU harmless from any loss resulting from this request, except in cases of the Credit Union's negligence during processing.

Befit Financial FCU may delay or refuse to act on this request without liability due to legal constraints, your negligence, communication disruptions, equipment failure, war, emergencies, or other circumstances beyond our control. We may also delay or decline a request if doing so would violate any applicable law, regulation, or guideline.

You understand that the receiving institution may charge an incoming wire transfer fee. You have been informed that Befit Financial FCU charges a fee for both domestic and international wire transfers, as outlined in the BFFCU Fee Schedule.

You may not cancel or amend this wire transfer request after submission. If you request a cancellation or amendment, we will make reasonable efforts to act on your request, but we are not liable if it cannot be executed. You agree to reimburse us for any costs, losses, or damages related to any attempt to cancel or amend the transfer. If a cancellation is attempted, funds will not be refunded until the beneficiary has not received the money and the funds are returned to us. Additional fees imposed by receiving or intermediary banks as a result of cancellation may be passed on to you.

Cut-Off Time: Wire requests received after 12:00 PM (local time) will be processed on the next business day.

You are responsible for accurately identifying the beneficiary and receiving institution. If you provide both a name and account number, the wire may be sent based solely on the account number—even if it does not match the name. Similarly, bank identification numbers may be used to route the wire, even if they do not match the named bank. In such cases, you remain fully liable for the transfer.

Befit Financial FCU will follow its established security procedures to verify your identity, which may include photo ID, signature verification, and/or telephone confirmation.



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You authorize Befit Financial FCU to debit your account for the wire transfer amount and any applicable fees. This transaction will appear on your next account statement. You must notify us in writing within 14 calendar days of receiving your statement if you believe an unauthorized or erroneous debit has occurred or if there are any discrepancies between your records and ours. Failure to do so releases us from any obligation to reimburse or compensate you for losses or lost interest.

I acknowledge that I have read and understand the terms of this wire transfer authorization, including the funds transfer terms printed on the reverse side of this form.

Signature: _____ Date: _____