

**MIDFLORIDA Credit Union**  
**Western Union Funds Transfer Request**

DATE \_\_\_\_\_

MEMBER NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

SS# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

WIRE AMOUNT \$ \_\_\_\_\_ FEE \$ 25.00 TOTAL \$ \_\_\_\_\_

**(NOTE: \$10,000.00 LIMIT PER TRANSACTION)**

RECEIVER'S NAME \_\_\_\_\_

**(Include First and Last Name)**

EXPECTED PAYOUT LOCATION \_\_\_\_\_

**(City)**

**(State)**

**Does Receiver have Valid ID? YES  NO**

If the payee does not have a valid picture I.D., a test question is required for transfers up to \$499.99. Test question and a physical description of the receiver are required without picture I.D. for transfer of amounts from \$500.00 to \$999.99. For transfers of \$1,000.00 & higher, a picture I.D. is required, test questions optional.

**\*TEST QUESTION** \_\_\_\_\_

**\*ANSWER** \_\_\_\_\_

**\*PHYSICAL DESCRIPTION** \_\_\_\_\_

**IMPORTANT INFORMATION FOR THE RECEIVER**

THE FOLLOWING INFORMATION IS NEEDED TO RECEIVE FUNDS:

- RECEIVER MUST PROVIDE SOME FORM OF IDENTIFICATION, PREFERABLY A PICTURE I.D.
- RECEIVER MUST COMPLETE A **YELLOW "TO RECEIVE MONEY"** FORM AT WESTERN UNION.
- SENDER INFORMATION REQUIRED: SOUTHEAST CORP. FEDERAL C.U.  
TALLAHASSEE, FL., 32303 PHONE #850/576-8900  
AGENT LOCATOR PHONE #1-800-325-6000.

Agreement: By requesting this wire transfer, you agree that the following terms shall apply to all wire transfers of funds (as defined by Federal Regulation J and Article 4A of the Uniform Commercial Code as set out in the Florida Statutes to or from any of the member's accounts at the Credit Union. This agreement is incorporated with the Agreement contained in the Universal Account Agreement, the Fee schedule and the signature card(s) of your Account(s) with the Credit Union and to the extent that the documents are in conflict, this document governs. All wire transfers will be made according to our security procedure. The security procedure is intended to verify that an order is authorized and to detect errors in the transmission or content of the payment order. The security procedures we will use are: 1) completion of the wire transfer form; 2) positive phone ID if you do not request the transfer in person; 3) notarized signature if the request is sent through the mail; 4) verification of signature with credit union records if the request is made via facsimile machine and/or copy of current/active state/country identification; 5) callback to designated secure telephone number. Secure telephone number will be most current phone number per credit union records. Callback will be initiated based on dollar amount as outlined in credit union policies and procedures. 6) \_\_\_\_\_ The security procedure will also apply to any amendment or cancellation of a payment order. A payment order, verified by the security procedure is effective as your order, whether or not the order is in fact authorized by you. If a beneficiary of a wire transfer is identified by name and an identifying or account number, payments made to the beneficiary may be made on the basis of that identifying or account number even if the number identifies a person different than the named beneficiary. We will not be responsible for the amount of a transfer paid by means of a designated identification number or account number even if it goes to the wrong beneficiary. If a payment order identifies an intermediary or beneficiary's financial institution only by identifying or account number, we may rely on that number as being the proper identification of the intermediary or beneficiary's financial institution. If a payment order identifies an intermediary party or beneficiary's financial institution by both name and an identifying number and the name and the number identify different financial institutions, we and any receiving financial institution may rely on the identifying number as the proper identification of the intermediary party or beneficiary's financial institution. You agree to indemnify us for any loss or expense that results from our reliance on an incorrect identifying or account number. We are authorized to take the amount of such loss or expense from any account in which you have an ownership interest or the right to withdraw. Any rate of interest which we may be obligated to pay as penalty under Regulation J or Article 4A shall be equal to the dividend rate paid on the account from which the wire transfer should have occurred or to which the proceeds of the fund transfer were or should have been deposited, whichever is lower. Our liability is limited to the payment of this interest. You agree that under no circumstances will we be liable for any indirect, incidental, consequential, remote or special losses or damages, including attorney's fees and costs. 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 representative or statement made by an employee of ours shall be binding upon us unless it is made in writing and signed by our authorized officer.

MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CREDIT UNION USE ONLY**

WIRE TAKEN BY/EMP# & INITIAL \_\_\_\_\_ APPROVAL > \$2500(INITIAL) \_\_\_\_\_ APPROVAL >\$50,000 \_\_\_\_\_

VERIFIED AGAINST SDBP DATA BASE (INTL/TLR#) \_\_\_\_\_ POSITIVE FINDING AGAINST SDBP DATABASE? IF YES EXPLAIN \_\_\_\_\_

**ACCOUNTING USE ONLY**

CALL BACK -- INDIVIDUAL'S NAME AND TIME OF CALL \_\_\_\_\_

MANAGER APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

WIRE DISBURSED BY \_\_\_\_\_ WIRE VERIFIED CORRECT BY \_\_\_\_\_