

**None Suffer Lack Federal Credit Union**  
**Wire Transfer Instructions**

Member Acct# \_\_\_\_\_ Amount of Transfer \$ \_\_\_\_\_

Share Type: Savings    Checking    BIA    CFA    NGA

Name on Account \_\_\_\_\_

Home Address \_\_\_\_\_

Daytime Phone (where you can be reached today) \_\_\_\_\_

**\* A WIRE FEE OF \$20.00 WILL BE CHARGED TO YOUR ACCOUNT FOR A DOMESTIC WIRE. A WIRE FEE OF \$30.00 WILL BE CHARGED TO YOUR ACCOUNT FOR AN INTERNATIONAL WIRE.**

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing above I understand that the credit union will exercise reasonable efforts to execute all Payment orders on the business day received prior to our daily deadline, which the credit union may change from time to time. You agree that you shall indemnify and hold the credit union, and officers, directors, employees, and representatives harmless from and against any and all claims, demands, losses, liabilities and expenses, including attorney's fees and cost, resulting directly or indirectly from compliance with your cancellation or amendment request.

<b>FOR CREDIT UNION USE ONLY</b>	
MSR #	_____
Deposit History Checked	_____
Available Balance	_____
Signature Verified	_____
Photo ID Verified	_____
Debit to Acct Complete	_____
Delivered to Initiator	_____
<b>Initiated By</b> _____	
Funds Withdrawn	_____
Callback	_____
Input Complete	_____
Reference #	_____
Date Processed	_____
Time Processed	_____
OFAC Check	_____
<b>Verified By</b> _____	
Date Processed	_____
Time Processed	_____

**1. DIRECT TRANSFERS TO A U.S. BANK/ (If you have more than one bank or account number for the transfer, complete sections 1 and 2.)**

**Bank Name** \_\_\_\_\_ **ABA#** \_\_\_\_\_  
**Bank Address** \_\_\_\_\_ **City /State** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_ **Beneficiary Account #** \_\_\_\_\_  
**Beneficiary (Name on Account)** \_\_\_\_\_ **Beneficiary Address** \_\_\_\_\_

**2. TRANSFERS TO FINANCIAL INSTITUTIONS USING CORRESPONDENT BANKS OR FOREIGN WIRES: (You must complete the following section and provide a correspondent U.S. Bank and ABA #**

**Beneficiary Name & Address** \_\_\_\_\_  
 \_\_\_\_\_  
 ( \_\_\_\_\_ (City and Country) \_\_\_\_\_)  
**Beneficiary Account # (at Bank)** \_\_\_\_\_  
 Account Type: Savings    Checking  
**Correspondent Information**  
**Correspondent (U.S.) Bank ABA #** \_\_\_\_\_  
**Correspondent (U.S.) Bank Name/Address** \_\_\_\_\_  
**Swift Code** \_\_\_\_\_

<b><u>Photo ID Verification</u></b>
Type: _____
#: _____
<b><u>Wire Confirmation</u></b>
Wire Number _____

**RETURN TO: NSLFCU, FAX#: (301) 899-0305 / Phone # (301) 899-0300**  
**You must speak to the credit union representative before your faxed request can be processed.**  
 \*If you send a wire transfer, Fedwire may be used. Regulation J is the law covering all Fedwire transactions. If you give NSLFCU a payment order which identifies the beneficiary (recipient of funds) by both name and identifying or account number, payment may be made by the beneficiary's bank on the basis of the identifying or bank account number, even if the number identifies a person different than the named beneficiary. If you give NSLFCU a payment order which identifies an intermediary or beneficiary's bank both name and an identifying number, a