

UNITED HEALTH CREDIT UNION

International Outgoing Wire Instructions/Authorization

Date Of Request: _____ Date To Be Done: _____

Member's Name: _____ A/C # For Withdrawal: _____

WIRE AMOUNT	\$ _____
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BANK INFORMATION

Foreign Bank Name	_____
Foreign Swift:	_____
Foreign Bank Address	_____
Foreign City/COUNTRY	_____

BENEFICIARY/RECEIVER'S INFORMATION

ACCOUNT NUMBER	_____
FULL NAME	_____
ADDRESS:	_____
ADDRESS CONT'D:	_____
ADDITIONAL INFORMATION:	_____

United Health Credit Union is hereby authorized to withdraw from my account the wire amount and the **\$30.00 International Wire Transfer fee**. I am also aware that this form must contain an original signature and wire request deadline is 12:00 noon (PST) for same day delivery of funds.

MEMBER'S AUTHORIZATION DATE DAYTIME PHONE

Member's Address City, State Zip Code

CREDIT UNION USE

Member Verification Method: ___ Driver's License No. ___ Signature ___ Person Known

Wire accepted & funds available verified by : _____

IMPORTANT: READ CAREFULLY BEFORE SIGNING AUTHORIZATION

You authorize United Health Credit Union to transfer funds (“funds transfer”) as shown on the front of this wire transfer agreement. Our charges for the funds transfer are disclosed in our fee schedule. Other financial institutions involved in the funds transfer may impose additional charges.

We may fail to act or delay acting on a funds transfer without any liability or legal constraint, your negligence, interruption of communication facilities, equipment failure, war, emergency conditions, or other circumstances beyond our control. We may also fail to send or delay in sending a funds transfer without any liability if sending the funds transfer would violate any guideline, rule or regulation of any government authority.

We are not liable for consequential, special or exemplary damages or losses of any kind.

You have no right to cancel or amend this funds transfer. If you ask us to cancel or amend it, we may make a reasonable effort to act on your request. But, we are not liable to you if for any reason this funds transfer is not amended or canceled. You agree to reimburse us for any costs, losses, or damages that we incur in connection with your request to amend or cancel the funds transfer.

If we try to cancel this funds transfer, we do not have to refund your money until we determine that the beneficiary has not received the money and the money is returned to us. If we return your money, the refund may not be equal to the amount of the original funds transfer. An example, the amount may be different because of a charge other institutions may impose to return the funds transfer.

We have cutoff times for processing funds transfer. Requests received prior to 12:30 p.m. (local time) will be transmitted the same day. If you give us a request after the cutoff time, we may treat the funds transfer request as if we received it on our next business day. Funds transfer business days will include all normal business days of United Health Credit Union.

You must accurately identify beneficiaries of your funds transfer. If you give us the name and account number of a beneficiary, we and other financial institutions may process the funds transfer based on the account number alone, even though the member may identify a person other than the beneficiary named. If you give us the name and identifying number of a financial institution, we and other financial institutions may process the funds transfer based on the financial institutions identifying number alone, even though the number may identify a financial institution other than the financial institution named. In these cases, you are still obligated to pay us the amount of the funds transfer.

Fedwire is the funds transfer system of the U.S. Federal Reserve Banks. We or other financial institutions involved may use Fedwire to make the funds transfer. If any part of the funds transfer is carried by Fedwire, your rights and obligations regarding the funds transfer are governed by Regulation J of the U. S. Federal Reserve Board.

When a funds transfer is issued by a member, the security procedures involves use of identification methods that may involve, photo identification, signature identification of original signature and/or call back procedure by United Health Credit Union.

You authorize United Health Credit Union to debit your account to pay for this funds transfer. We notify you about the funds transfer by listing it on your account statement. You must send us written notice, including a statement of relevant facts, within fourteen (14) calendar days after you receive the first account statement on which any unauthorized or erroneous debit to your account, or any other discrepancy between your records and ours appear. If you fail to notify us within this fourteen (14) day period, we are not liable, or obligated to compensate you, for any loss of interest or interest equivalent because of an unauthorized or erroneous debit.

Dated

Member’s Signature