



ALABAMA credit union

DOMESTIC WIRE TRANSFER FORM

Date _____

Transfer \$ _____ by wire to:

Name of Receiving Bank: _____

Branch/City, State: _____

ABA Number: _____

For further credit to:

Bank Name: _____

Branch/City, State: _____

ABA/Account Number: _____

For final credit to:

Receiver's Name: _____

Receiver's Account Number: _____

By order of (name): _____

Payment to cover the above transfer request is as follows:

Paid by transfer from Alabama Credit Union account # _____

Debit of \$ _____ to include Wire Transfer Fee of \$12.00.

The undersigned agrees the LIABILITY OF ALABAMA CREDIT UNION SHALL BE LIMITED TO TRANSFER ERRORS WITHIN THE CREDIT UNION'S CONTROL, OR FAILURE OF CREDIT UNION TO HONOR AN ORDER UPON THE DATE RECEIVED IF BANK DEADLINES HAVE BEEN MET. Alabama Credit Union is not liable for any loss or damage arising out of circumstances or events not within credit union's control, and in any event credit union is not liable for any consequential or special loss or damage. The undersigned has read the sections of the Membership & Account Agreement and Rate & Fee Schedule regarding Wire Transfers.

Signature: _____
(Person authorizing transfer) Date Time of day

Daytime phone number: _____

Please print legibly or type. When completed, deliver or fax to:

Alabama Credit Union, 220 Paul Bryant Drive, East (P. O. Box 862998), Tuscaloosa, AL 35486-0027;
Fax 205-348-3892 (Phone: 888-817-2002)

For credit union use only:

Completed by: _____ Date: _____