



Recurring Wires

Preauthorization For Wire Transfer Effective _____

Primary Member's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone (Business) : _____ (Home) : _____
 Code . . . (Authorized by Member) _____

I hereby authorize Kennedy Space Center Federal Credit Union to charge my account _____ in the name(s) of _____

for wire transfers via telephone or through correspondence.

Conditions:

1. If funds are not available in my account at the time of the transfer, the wire transfer will not be made.
2. The credit union will mail a copy of the debit advice when my account is charged for the wire transfer including the fee.
3. The credit union cannot guarantee that the wire transfer will be made the same working day unless it is authorized prior to 3 p.m. Monday - Friday.
4. It is understood that without any assigned preauthorization code, I will not be able to transact wire transfers in my absence.
5. Due to any out-of-the-ordinary circumstances, this preauthorized wire transfer form can be voided by the credit union without prior notice to me.

Wire Information Domestic \$20 Fee Foreign \$40 and up

Routing Number: _____
 Transfer to/from: _____
(Institution Name)

 Further Credit to/from: _____
(Institution Name) Account #: _____
 Pay to the Order of: _____
 _____ Credit Account: _____
 *Address: _____
 Special Instructions: _____
 By Order Of: _____

I understand that Kennedy Space Center Federal Credit Union is not responsible for delays or losses which occur as a result of any other party's involvement in processing this transfer. Further, I agree that this wire transfer is irreversible and Kennedy Space Center Federal Credit Union's responsibility is to exercise ordinary care in processing this transaction.

If you give Kennedy Space Center Federal Credit Union a payment order which identifies the beneficiary (recipient of the funds) by both name and account number, payment may be made by the beneficiary's bank on the basis of the bank account number, even if the number identifies a person different than the named beneficiary.

Member's Signature: _____ ID _____

Joint Signature: _____ Date: _____

Notary Signature: _____ Stamp: _____
 Notary required if not signed in the presence of a Kennedy Space Center Federal Credit Union Representative.
 Branch _____ Employee Signature _____

*When beneficiary is different than originator, request address, state, zip code and include on Fedline screen OBI. 11/06