



WIRE INSTRUCTIONS AND REQUEST FORM

Cut-off Times:

Outbound Wires: 3:30pm EST

Inbound Wire Instructions: *(Funds transferred into a Publix Employees Federal Credit Union account)*

Provide the following information to the transferring institution:

Publix Employees Federal Credit Union
Lakeland, FL 33815 ABA # 263179817

Your Name and Your Account Number with Publix Employees Federal Credit Union

Outbound Wire: *(Funds transferred out of a Publix Employees Federal Credit Union account)*

Complete the wire form below in the branch and provide to associate or fax to (863) 797-1382.

Contact Us:

Should you have any questions, please contact us at 1-800-226-6673 ext. 6670; our Accounting Department Associates are available to answer your questions 8:00 am to 5:00 pm EST, Monday – Friday.

WIRE TRANSFER AGREEMENT AND DISCLAIMER

1. If I send or receive a wire transfer, Fedwire may be used. Regulation J is the law covering all Fedwire transactions. This means that my rights and liabilities in a wire transfer involving Fedwire will be governed by Regulation J as well as this Agreement.
2. This Agreement applies to wire transfers subject to Article 4A of the Uniform Commercial Code and Subpart B of Regulation J of the Board of Governors of the Federal Reserve Bank System.
3. Publix Employees Federal Credit Union (hereafter "Credit Union") may establish or change cut-off times for the receipt and processing of wire transfer requests, amendments or cancellations.
 - a. The cut-off time for wire transfers will be 3:30 PM on each weekday Credit Union is open that is not a holiday, unless other times are posted.
 - b. Payment orders, cancellations or amendments received after the applicable cut-off time may be treated as having been received on the next business day following the wire transfer and processed accordingly.
4. Credit Union may charge my account for the amount of any wire transfer and applicable fees initiated by me or any person authorized as a joint owner or any other authorized party with the right of access to the account from which the wire transfer is to be made.
5. I agree to the following wire transfer security procedures established by Credit Union:
 - a. If I request a wire transfer at a Credit Union office, I will be required to provide photo identification and my signature.
 - b. If I request a wire transfer via fax, I will be required to identify myself through the correct answers to security questions selected by the Credit Union in Credit Union's sole discretion. If I request a wire transfer via a fax for more than \$3,000, the Credit Union will require callback verification of my wire transfer request.

I hereby agree that the above-described wire transfer security procedures shall be considered commercially reasonable for any and all purposes, including, without limitation, the requirements under Regulation J and Article 4A of the Uniform Commercial Code for commercially reasonable security procedures. I understand and agree that any wire transfer conducted in accordance with the above-described wire transfer security procedures shall be deemed authorized by me for all purposes regardless of whether such wire transfer was actually conducted or authorized by me.

6. If I give Credit Union a wire transfer order which identifies the beneficiary (recipient of funds) by both name and identifying account number, payment may be made by the beneficiary's bank on the basis of the identifying bank account number, even if the number identifies a person different than the named beneficiary. This means that I will be responsible to Credit Union if the wire transfer is completed on the basis of the identification number I provided.
7. If I give Credit Union a wire transfer order which identifies an intermediary or beneficiary's bank by both name and identifying number, a receiving bank may rely on the number as the proper identification even if it identifies an entity other than the named bank. This means that I will be responsible for any loss or expenses incurred by a receiving bank which executes or attempts to execute the wire transfer order in reliance on the identifying number I provided.
8. Once I have given Credit Union a signed wire transfer order for processing, I may NOT be able to terminate that request. If I have given Credit Union incorrect instructions which I discover after the wire transfer order is sent, I am responsible for requesting a reimbursement from the beneficiary. This means that I will be responsible for any loss or expenses incurred by Credit Union or any receiving bank which executes or attempts to execute the wire transfer order in reliance on the authorization I have provided.
9. I have a duty to exercise ordinary care to discover erroneous wire transfer orders. Except as otherwise required by applicable law, if I do not notify Credit Union that an error was made within 30 days after the date I receive notification from Credit Union that a wire transfer order was completed, I will be liable to Credit Union for the loss incurred as a result of my failure to exercise that duty of care.
10. I will be charged for wire transfers as set forth in Credit Union's Fee Schedule as amended from time to time by Credit Union in its sole discretion.
11. I have read and understand the above Agreement agree to its terms. I understand that this Agreement will govern all wire transfers by me or on my behalf. I understand that Credit Union may amend the terms of this Agreement in Credit Union's sole discretion at any time by providing me notice as and if required by applicable laws and regulations. This Agreement supplements and is hereby incorporated into the Membership and Account Agreement between me and Credit Union. Except to the extent the Membership and Account Agreement expressly conflicts with the terms herein, the terms and conditions of the Membership and Account Agreement shall remain in full force and effect.

I acknowledge that I have read Publix Employee Federal Credit Union's Wire Transfer Agreement and Disclaimer and agree to the terms and conditions contained therein. X _____



*Attach additional page for special instructions

Wire Transfer Request Form

Fax #: 1-863-797-1382

*Indicates required field

Credit Union Use Only		
Net Wire Amount:	Ref #:	Code:

Section A – Originating PEFCU Member Information

Section B – Wire Transfer Amount

*Your Full PEFCU Account Number _____

*PEFCU – Member Name / Account Title _____

Joint Name on Account (if applicable) _____

Contact Phone Number _____

*Purpose of Wire Transfer _____

*Complete one of the following options:

1. \$ _____ + Fee
Amount of wire -- OR --

2. Account Closure:

Check one of the following:

Closure: Balance of account less wire fee

CD Closure prior to maturity: Balance of account less penalty and wire fee

If a wire is returned, an additional wire fee could be deducted for resubmission of the same wire. Wire fees are non-refundable.

Section C - Beneficiary / Recipient Information

*Beneficiary Name (Recipient of the Wire Transfer) _____

Joint Beneficiary Name (if applicable) _____

Further Credit/Instructions/Comments (Example: Escrow Number) _____

*Beneficiary Account Number _____

*Address (No PO Box Allowed) _____

*City and State _____

Section D – Beneficiary Financial Institution Information

This is the financial institution where the beneficiary maintains their account

*Financial Institution Name _____

Receiving Financial Institution's Address _____

Receiving Financial Institution's City and State _____

*ABA or Routing Number (must be nine digits)/IBAN Number _____

SWIFT/BIC Code (if applicable) _____

Section E – Intermediary Financial Institution Information (This section is not required on all wires)

This is the financial institution that the wire must pass through before reaching the beneficiary financial institution

Financial Institution's Name _____

Financial Institution's Account Number / ABA Number _____

Section F – Authorized Signatures (Electronic signatures not accepted)

I acknowledge that I have read Publix Employee Federal Credit Union's Wire Transfer Agreement and Disclaimer and agree to the terms and conditions contained therein.

* X _____

X _____

*Date: _____

Date: _____

CREDIT UNION USE ONLY

OFAC Clear: _____

Funds Verified: _____

Funds Memo Posted: _____

Input / Prepared by: _____

Member Call: _____

Method of Verification: _____

Approved by: _____