



REPEAT WIRE TRANSFER REQUEST DOMESTIC

PLEASE CLEARLY PRINT THE REQUESTED INFORMATION and sign the form.
Requests must be received on a business day by 3:00pm Central Time. REPEAT
WIRE REQUEST EXPIRE ONE YEAR FROM THE INITIAL REQUEST DATE. The
wire transfer fee is \$25.00 per transfer.

Date of Request

\$ _____
MAX Dollar Amount to be
transferred

4 Digit PIN

Member Name

Member Account Number

Share Type

Member Street Address

Member City, State, Zip

Member Phone Number

Password

Purpose

A wire transfer request is known as a "payment order" under Article 4A of the Uniform Commercial Code.

1. If request is not received in person, we will verify that each payment order is authorized by you by requesting the above established password to confirm that you initiated the request. A maximum dollar amount is established, however if the amount is higher, we will request the above established four digit PIN to confirm the request. You agree that this password and or PIN security procedure is commercially reasonable and meets your security requirements. We will not be liable for our refusal to honor any payment order if we are unable to satisfy ourselves that you requested the payment order.
2. You must ensure that the account number of the beneficiary and the routing number of the beneficiary's financial institution are ABSOLUTELY ACCURATE. Financial institutions may process and post payment orders by the account number of the beneficiary and the routing number and not by the name of the beneficiary or by the name of the beneficiary's financial institution. We will not verify the accuracy of any account number or routing number provided by you.
3. We reserve the right to delay or not process payment orders (a) to beneficiaries listed on the Specially Designated National Lists from the U.S. Departments of Treasury, or (b) for any reason related to an Executive Order of the President, Foreign Governmental Embargoes/Sanctions, or directive of the U.S. Department of Treasury.

Beneficiary Name

Beneficiary Account Number

Beneficiary Address

Beneficiary Bank Name

City and State of Beneficiary Bank

Beneficiary Bank Routing and Transit Number

Pay Through/Correspondent Bank (If applicable)

Pay Through Bank Routing Number (If applicable)

4. We cannot revoke or cancel a payment order once it has been sent and we will not be liable to you if we cannot recover any funds already transferred.
5. We will not be liable for the insolvency, neglect, misconduct, mistake, default or delay of any other financial institution, entity or person is our agent.
6. Our liability for failure to follow your instructions will be limited to the amount of any payment order lost plus incidental expenses and interest. In no event will we be liable for any present or future indirect or consequential damages, punitive damages or special damages, whether or not we were first advised of the possibility of such damages. We reserve the right to reject any payment order for any reason, including, but not limited to, the lack of sufficient available funds in the account to be charged.
7. You must notify us in writing of any error, mistake or irregularity within 60 calendar days after the payment order was requested. Thereafter, we will have no liability to you.
**Check here _____ to acknowledge review of the wire fraud alert we provided to you.

Signature of Account Owner

**If you do NOT sign this form in the presence of a credit union employee, you must have your signature notarized before UARK will accept the change. **

Internal Use:

Request Taken By: _____ Form of ID: _____

Notary Signature Date
My Commission Expires On: _____