

## DOMESTIC WIRE TRANSFER AUTHORIZATION FORM

Date and Time	Member Number	Name		Phone Number					
Address (No PO Boxes)	1			1					
Amount Information									
Amount to Wire:	Means of Wire Request:	Purpose of wire	? A	Account to Pull Funds From:					
	□ Phone □ Email/Fax □ In Pers			Checking					
Dessiving Einspeiel Inc.	titution (the financial you want t		(h)						
Institution Name	titution (the financial you want t	ABA Routing		Phone Number					
Institution Name			y #						
Secondary Financial Ins	stitution								
Institution Name	ABA Routing	g #	Phone Number						
Address (No PO Boxes)									
Beneficiary (person rec	eiving the funds)								
Beneficiary Name			Account Number						
Address (No PO Boxes)									
Additional Notes/Instructions									
	nd) will not be liable to you if we do not act er, emergency situation, interruption of com ment regulation.								
If you provide Heartland the name and account number of the individual you wish to receive the funds, Heartland and other financial institutions may process the wire transfer based on the account number alone, even if the account number identifies a person other than the person you name. If you provide the names and numbers of the receiving financial institution(s), Heartland and other financial institutions may process the wire transfer based on the financial institution identifies a financial institution smay process the wire transfer based on the financial institution identifying number alone, even if the number identifies a financial institution other than the one you name. If the correct person does not receive payment, you are still obligated to pay Heartland the amount of your wire transfer fee.									
If Heartland receives your wire transfer request after our cutoff time, we will process your order the next business day. Heartland reserves the right to reject wire transfer orders with no liability to you and with no obligation to pay you interest for the period before you receive notification. If Heartland rejects your wire transfer order, you will be notified orally or in writing.									
Once Heartland receives your wire transfer order you have no right to change or cancel it. Heartland will make a reasonable effort to accommodate your request but will not be liable to you for failure to make changes or cancel the order. You agree to pay Heartland any costs or losses Heartland incurs in the attempt to change or cancel your wire transfer order.									
Wire transfer orders will be listed on your normal periodic statement. You must notify Heartland at once if you think there is an error. You must send Heartland a written statement of facts no later than 21 days from the date your statement was mailed.									
	nsfer to be sent outside the United States, y isapplied during the wire transfer process.	ou understand you do	o so at your own risk. Hear	tland will not be liable for any reason if					
Heartland will not be liable for c	onsequential damages in the event that los	s is sustained becaus	se it has failed to carry out	instructions in a reasonable manner.					
I authorize Heartland to debit my account									
Member Signature	Date		Heartland Employee (by signing you validate	Date the member's identity)					
Wire Fees - Domestic = \$25									
OFFICE USE ONLY									
Fee Charged (enter the OFAC C	beck E-Trace	Verific	sation						

	OFAC Check	E-Trace	Verification		
amt. or circle "Waived")	Date	Date	Date:	Time	Initials
 Waived	Initials	Initials	Phone Number Called		