



SHAREFAX CREDIT UNION, INC.

**Foreign Wire Procedure
*CUT OFF TIME 2:00PM***

1. **Our Members Name**

Members Full Name _____

Members Address _____ City _____ State _____ Zip _____

Acct # _____ Phone # _____ SS# _____

2. **Financial Institution Where Money is to be Wired** Date: _____

Bank Name _____ Bank Address City & State _____

Swift Code and (Sort Code if available also) _____ Bank Telephone # _____

3. **Name and Account # of Person for Final Credit**

Name of Receiver _____ Account # at Bank _____

Receiver Address _____ City _____ State _____ Zip _____

4. **Reason for the Wire:** _____

5. **Amount to be Wired** \$ _____

FOREIGN WIRE FEE: \$50.00

<p>Member Signature _____</p> <p>Teller Signature _____</p> <p>Was this a cash deposit? Y/N \$ _____</p> <p>Date _____ Time _____</p>
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*Notice to member: If there is an error in the name, account number, or routing number of the final beneficiary, member may be liable to the credit union for any losses caused by the error.

**If your payment order identifies an intermediate financial institution, beneficiary financial institution, or beneficiary by name and number, we and every receiving or beneficiary financial institution may rely upon the identifying number rather than the name to make payment, even if the number identifies an intermediate financial institution, person or account different than the financial institution or beneficiary identified by name. Neither we nor any receiving or beneficiary financial institution have any responsibility to determine whether the name and identifying number refer to the same financial institution or person.



SHAREFAX CREDIT UNION, INC.

Sharefax Employee Must Complete for Fax or Telephone Requests:

Wire Requests Received via Fax or Telephone – Only Accepted for Members Living Outside the Greater Cincinnati area

- _____ Received signed wire transfer request form via fax or email (cannot accept “per phone”)
- _____ Verified the signature on the wire form matches the signature on Advantage and the membership card
- _____ Called back to the telephone number on our system to verify the wire request
- _____ Required Member to provide correct social security number and birth date
- _____ Required Member to provide correct driver’s license number
- _____ Required Member to provide the last three monetary transactions on their history

Out-of wallet questions (Must ask three)

- _____ Do you have direct deposit, if so from where and what amount
- _____ Do you have an email address
- _____ Do you have a joint owner
- _____ Do you have any ACH withdrawals, if so from who
- _____ Do you have a checking account, if so what is your check sequence



Remittance Transfer Disclosure (§ 1005.31(b)(3))

Sharefax Credit Union

1147 Old State Route 74
Batavia, Ohio 45103

Today's Date: _____

SENDER:
Name _____
Address _____

Phone # _____

RECIPIENT:
Name _____
Address _____

Phone # _____

TRANSFER AMOUNT: \$ _____
TRANSFER FEES: (\$50.00)

Total including FEES: \$ _____

TRANSFER AMOUNT: \$ _____
OTHER FEES: (\$0)

Total to RECIPIENT: \$ _____

You have a right to dispute errors with your transaction. If you think there is an error, please contact us within 180 days at (513) 753-2440 or www.Sharefax.org.

You can cancel for a full refund by the designated **1:00 pm cutoff time** the day of the attempted transfer.

For questions or complaints about Sharefax, contact:

Ohio Department of Commerce
(614) 466-3636
www.com.ohio.gov

Consumer Financial Protection Bureau
(855) 411-2372
www.consumerfinance.gov