

WIRE /ACH TRANSFER FORM

Please Complete The Entire Form

Missing or incomplete information will delay the process.

How to Submit:

Fax 631-321-6371 Email creditunion@lirealtor.com Online Banking: www.lirfcu.com/online-banking

For time sensitive transfer we recommend confirming receipt of form by calling 631-661-4800 x371

By completing this form you authorize Metro Realtors Federal Credit Union (MRFCU) to initiate the following debit or credit entries to your account(s) indicated below at the depository financial institution names below, hereafter called 'Financial Institution,' and debit or credit the same to such account. You acknowledge that origination of ACH transactions to my account must comply under the rules of the Electronic Payment Association (NACHA) and with the provisions of U.S. law. Further, you understand this Agreement supplements the other terms, conditions and related disclosures associated with your account at MRFCU, which you have previously received and agreed to.

Authorization will require funds to be available in the account prior to origination to allow reasonable time for processing on the requested date. Entries returned due to non-sufficient funds may be charged a fee, as set forth in MRFCU's Fee Schedule. This authorization will remain in full force and effect until MRFCU has received written authorization of its termination in such time and manner as to afford MRFCU and the named 'Financial Institution' a reasonable opportunity to act upon it; or should funds be applied directly to a loan—at which time this loan has been paid in full. MRFCU reserves the right to revoke this agreement. From time to time MRFCU may need to temporarily suspend processing of a transaction, which might result in delayed settlement and/or availability or entries. MRFCU shall be liable only for its gross negligence or willful misconduct in performing these services. We will not be liable for instance, if: Your account has insufficient funds, the funds are subject to legal processes or other encumbrances or other circumstances beyond our control (such as flood, fire, technical malfunction) prevent the transfer, despite the reasonable precautions we have taken.

FROM Account		
NAME ON ACCOUNT		
ADDRESS OF ACCOUNT HOLDER (FOR WIRES ONLY)		
	TVDT OF ACCOUNT	
FINANCIAL INSITUTION	TYPE OF ACCOUNT: Checking Savings	Loan
ACCOUNT NUMER	ROUTING NUMBER:	
TO ACCOUNT		
NAME ON ACCOUNT		
ADDRESS OF ACCOUNT HOLDER (FOR WIRES ONLY)		
FINANCIAL INSITUTION	TYPE OF ACCOUNT: Checking Savings	Loan
ACCOUNT NUMER	ROUTING NUMBER:	
TRANSFER INFORMATION		
A NEW TRANSFER ACH (Electronic) No Fee for Incoming; \$5.00 Fee for Outgoing; Funds clear in 2-3 days		
THIS IS: A CHANGE TO AN EXISTING SETUP* SELECT ONE: Same Day ACH \$10.00 Fee; Must Be Received by 12:30pm; Funds Clear Same-day; Outgoing Only		
A CANCELATION OF AN EXISTING SETUP*	Wire [†] \$25.00 Fee; Must Be Received by 3:30pm; Funds Clear Same Outgoing Only	
PRINT AMOUNT		
AMOUNT FREQUENCY - Only for ACH Electronic Transfers; Same Day ACH's and Wires must be One-Time Only		
*NOTE ON CHANGES AND CANCELATIONS: Changes or cancela-	One-Time — Effective Date: /	/
tions apply to existing reoccurring transfers. These changes should be made 5 BUSINESS DAYS prior to the next occurrence to allow	Veekly Weekday:	
INOTE ON WIRES: Some institutions have specific willing instructions	i-weekly First Effective Date: /	
riedse veilly will your institution before submitting.	Monthly ————— Effective Date: /	/
OTHER INSTRUCTIONS:		
SIGNATURE		
PRINT NAME DATE	, ssn/tin	
SIGNATURE	/ /	
ONSIVATURE		
X		

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