



Insurance Employees Cooperative Credit Union Limited

RTGS/WIRE TRANSFER REQUEST FORM

MUST BE COMPLETED BY MEMBER

Date: _____

Member Name: _____ ID #: _____ IECCU Account #: _____

Email address: _____ Contact Number: _____

Please debit _____ (amount in words)

\$ _____ (amount in figures), from: _____ (IECCU Acc. or Loan) for transfer outwards

PROCESSING FEE/ INSTRUCTION

NB. Cut-off time for RTGS is 12p.m.; method of fee payment (\$400 subject to change without notice)

CASH LOAN DISBURSEMENT SHARE/OTHER ACCOUNT _____

All related fees will be taken from the proceeds of the loan being disbursed or from the member's savings account. Members can also opt to pay these fees in cash.

RECIPIENT BANKING INFORMATION

LOCAL TRANSFERS

Bank Name: _____ Bank Branch: _____ Branch Code: _____

Name on Account: _____ Address: _____

Account Number: _____ Swift Code: _____ Account Type: Savings Chequing

Account Currency: USD JMD GBP other _____

IMPORTANT: In consideration of IECCU agreeing to remit payments by Wire Transfer as requested, I agree:

- THAT** I voluntarily and with full knowledge take and assume any and all risk associated therewith.
- THAT** IECCU shall have no obligation to check or verify authenticity or accuracy of the banking information provided by me; and that, in acting on the aforesaid banking information IECCU shall be deemed to have acted properly and to have fully performed all obligations instructed by me, notwithstanding that such banking information may have been incorrect.
- THAT** I shall be bound by any banking information on which IECCU may have acted in good faith based on my instruction in belief that such banking information is correct.
- THAT** IECCU may, in its discretion, decline to act on or in accordance with the whole or any part of the aforesaid banking information pending further enquiry to or further confirmation (whether written or otherwise) by me.
- THAT** all the above applies to all transactions I request by electronic means such as email or otherwise in writing, even where this specific form is not used. This agreement applies to all future transfer requests.

Signed by the accountholder(s) with authority to operate the relevant account(s), or (if a company or corporate body) signed by its duly authorized officer(s) for and on behalf of:

..... Name of Accountholder or Authorized Officer

Company Stamp / Seal

..... Signature of Accountholder or Authorized Officer

Company Stamp/

Seal

Member Signature _____ Date: _____

FOR INTERNAL USE ONLY

Date

Internet Banking Transaction Details

	<u>Members Name</u>	<u>Account #</u>	<u>Trans Code</u>	<u>\$</u>
DEBITS :	_____	_____	_____	-
	_____	_____	_____	-
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
		TOTAL		

	<u>Accounts Name</u>	<u>Account #</u>	<u>Trans Code</u>	<u>\$</u>
CREDITS :	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
		TOTAL		

Prepared by:	_____	Initiator	_____
Posted By :	_____	Batch Ref # :	_____
Date:	_____	Date Created	_____
Approver (1)	_____	Authorised Officer	_____
Approver (2)	_____	Date	_____