



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

Transaction Type

☐ ACH

☐ RTGS

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 fees relating to the requested transfer 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 to me as aforesaid, I agree:

- 1. THAT** I voluntarily and with full knowledge take and assume any and all risk associated therewith;
- 2. 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;
- 3. 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;
- 4. 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.

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

..... Signature of Accountholder or Authorized Officer

Company Stamp/
Seal

Member Signature: _____ Date: _____