	IN'	TERNAT	IONA	AL WIRE	TRANSF	ER INFO	DRM/	ATION		
Date:				elect one of the following 3 options:				Wire Fee: \$30.00		
1. \$ <u>US Dollars</u> to US Dollars				\$ Fixed <u>US Dollar</u> Currency Type:		cy 3. US Dollars to Fixed <u>Foreign Currency</u> : \$ Currency Type:				
Member Number: Savings Suffix:			<: Cł	Checking Suffix: Will this be a Recur Transfer? Yes			Wire Code Word: (for Recurring)			
Member Info					nation (Originator)					
Name	Daytime Phone			9						
Mailing Address: (NO P.O. Boxes) Street				City				State		Zip
Receiving/Beneficiary Financial Institution										
Financial Institution Name										
Swift Code:										
Mailing Address: Street					City					
State / Province Postal Code					Country					
Beneficiary										
Beneficiary Name:										
Account Number / IBAN Number:										
Mailing Address (NO P.O. Boxes) Street City						State / Provinc			e	Zip/ Postal Code
Country:										
Instructions:					Purpose:					
Member Acknowledgements										
Member must initial that they have read and understand each statement: I acknowledge that I am responsible for providing accurate wiring instructions. The credit union may not have a relationship with intended account holder and cannot research or confirm the validity of the information provided. I hereby request that the Credit Union initiate the above wire transfer. I understand and have agreed to the terms of the Wire Transfer Request Agreement (also to be used for subsequent wire transfer requests) between myself and the Credit Union. I realize that requested wire transfers which are received by the Credit Union later than 4:45 p.m. for domestic wires and 3:45 p.m. for international wires will be completed the following business day.										
Member's Signature	÷.									
ID Type: ID Number:					Exp. Date: V			Ve	rified By:	
DON'T BE A VICTIM Due to recent internet fraud and email hacking, we are hereby advising all of our members that for your protection, please call a good known contact number to verify any and all wire instructions you receive BEFORE initiating a wire. The credit union or its affiliates will not be held liable if you become a victim of this fraud. This Section to be Completed by the Credit Union										
Request Method	(Check	(One):		of Funds (Check						
In-Person Phone	•		Cash	Check Deposi		Wire In E	Existing F	unds over 6 wee	eks	Will Not Disclose
Employee Signature		I					<u> </u>			Date:
OFAC Scan Completed By: Date: Funds Withdrawn By:									Date:	
Country Checked Against OFAC Sanctions List By:									Date:	
Call Back Verification (Request in Person or by Phone-Recurring only ≥ \$5,000 Fax/Mail/Email ≥ \$3,000) Completed By:									Date:	
Wire Sent By: Date:					Confirmed By:				Date:	

*For Recurring Wires: Keep the original on file and send a copy of the form for wire processing.