

# OUTGOING INTERNATIONAL WIRE TRANSFER REQUEST FORM

Please print clearly and provide all information on the form.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received by (Teller): \_\_\_\_\_

Member Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone number you can be reached at: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Number **MUST** be on file for at least 30 days)

Member Address: \_\_\_\_\_

Amount of Wire Transfer: USD\$ \_\_\_\_\_ FOREIGN \$ \_\_\_\_\_

National Routing Code: \_\_\_\_\_ (Must be provided for wires sent in foreign amount to: New Zealand, South Africa, India, United Kingdom, Canada, or Australia- Accounting cannot send wire without this code)

Swift (Required): \_\_\_\_\_

Receiving Bank's Name: \_\_\_\_\_

Receiving Bank's Address: \_\_\_\_\_

Beneficiary's Account #: \_\_\_\_\_

IBAN (if available): \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_ OFAC Checked

Beneficiary's Address (Required): \_\_\_\_\_

For Further Credit to/Special Instructions: \_\_\_\_\_

Purpose of Payment: \_\_\_\_\_

You authorize the Credit Union to transfer funds as described above and debit your account for the amount transferred plus the outgoing international transfer fee of **\$40.00**. **Same day NOT guaranteed**. The Credit Union does not guarantee the wire transfer will be completed on the same day even if placed before the 9:00 A.M. deadline. It is extremely important that you verify the accuracy of the receiving bank and beneficiary information, as you understand that once the wire is executed the wire cannot be stopped or canceled. You agree that the liability of the Credit Union is waived to the maximum extent allowed by law. If the wire transfer is cleared through the Federal Reserve Bank, the transaction is governed by Regulation J.

I have carefully reviewed all information on this form and agree that it accurately reflects the transaction I desire.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**9:00 A.M. DEADLINE**  
**Fax to: 541-610-1965**

For Credit Union Use:

3 **Unique** forms of ID used for verification

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
In Person Phone Request Fax Request Email Request Call Back

**For Contact Center Use:**

Manager Signature #1(\$5,000.00 and above): \_\_\_\_\_

Manager Signature #2 (over \$100,000.00): \_\_\_\_\_

**For Accounting Use:**

Sent by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

OFAC Checked  Fee: \$40.00