

INTERNATIONAL WIRE TRANSFER REQUEST

All fields in bold are required. Once this document has been completed, it MUST be faxed or delivered in person ONLY. Thank You.

Member Information

Account Number: _____ **Share:** _____ **Wire Amount:** _____
Member Name: _____ US to US Dollars US to Foreign Currency
Street Address: _____ **City/State/Zip:** _____
Purpose of Wire: _____ **Daytime Phone** _____
Passport Number: _____ **Number:** _____
Fee Amount: _____

Beneficiary (Receiver) Information

Payee Name: _____ **Phone** _____
Street Address: _____ **Number:** _____
City/State/Zip _____ **Account Number:** _____
Special Payee Identifier (ie:SSN, TIN, DL#): _____

Beneficiary Financial Institution

Name of Financial Institution: _____
Financial Institution Address: _____
Bank Identifier Code: _____ **Country:** _____
IBAN format using Denmark as example DKKK BBBB CCCC CCCC CC DK = Country Code, K = Check digits, B = Bank identifier, C = Account Number. An IBAN will be up to 28 characters in length, depending on the country where the account is held
Special Routing Instructions: _____

Intermediary FI Information (if applicable):

Name of Financial Institution: _____
Financial Institution Address: _____
ABA Routing & Transit Number: _____

You may identify the payee or any financial institution by name and by account number(or ABA routing number). Heritage Financial Credit Union (and other financial institutions) may rely on the account number or other identifying number as the correct identification, even if it identifies a different party or financial institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize Heritage Financial Credit Union to transfer funds as described above and to debit your account in the amount stated above and amount of applicable fees.

Member Signature: _____ **Date:** _____

Internal Use Only:

Branch Employee: _____ **Date/Time of Request:** _____ **ID Used:** _____ **Teller #:** _____
Deposit Support: _____ **OFAC:** _____ **SEQ #:** _____ **Entered By:** _____ **Verified By:** _____