

OUTGOING INTERNATIONAL WIRE AUTHORIZATION FORM

DATE: _____

REQUEST TAKEN BY: _____

SENDER INFORMATION (Originator)

MEMBER NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ AMOUNT: \$ _____ FUNDS: US Other _____

___ On Record

___ Not on Record (verify at least 2 items below)

___ Password on account

___ Year member's account was opened

___ Named beneficiaries on account

___ Type or year of vehicle securing member's loan

___ Ask if they used Bill Pay (indicated by flag)

___ List other accounts held at the Credit Union

___ Last loan paid off – type or year of vehicle

___ Other -Explain _____

ACCOUNT: _____

SUFFIX: _____

\$50 FEE ACCOUNT: _____

SUFFIX: _____

RECEIVER INFORMATION (fields with * are required)

***RECEIVING INSTITUTION: NAME:** _____

***ADDRESS:** _____

***RECEIVING INSTITUTION ABA (ROUTING) #:** _____

***RECEIVING INSTITUTION IDENTIFICATION #:** _____

SWIFT

IBAN

RECEIVING INSTITUTION IDENTIFICATION #: _____

SWIFT

IBAN

***FOR CREDIT TO:** _____

***ADDRESS:** _____

***ACCOUNT #:** _____

***ACCOUNT TYPE:** _____

***PURPOSE OF PAYMENT:** _____

MISC. INSTRUCTIONS: _____

MEMBER SIGNATURE: _____

***QUESTIONS FOR THE ORIGINATOR OF THE WIRE** - Ask Member the following questions:

Do you know the receiver of the funds? **Y N** (If no was circled - Mgr. approval needed before sending wire) _____ (initial)

Did you receive funds from the receiver and then asked to wire a portion of those funds back to them? **Y N**
(If yes was circled - Mgr. approval needed before sending wire) Mgr. Approval **Y N** _____ (initial)

***FRONT OFFICE USE** (Check all that apply)

Change of address and/or ph # in past 3 months **Y N** History review shows funds source is from incoming wire **Y N**

History review shows Large CK deposit **Y N** History review shows recent HE advance **Y N** Dormant Account **Y N**

Manager approval required if any Y's are circled: _____ Wire not approved: _____

MEMBER CALL BACK PERFORMED BY: _____ DATE: _____ TIME: _____

(*Required for all phone, mail and fax requests, dormant accounts and for all in-person requests in excess of \$5,000)

***OFAC CHECK ON RECIPIENTS DONE BY:** _____ ***RECEIVING INST** _____

BACK OFFICE USE ONLY

DATE SENT: _____ ENTERED BY: _____

WITHDRAWN FROM ACCT BY: _____ FEE TAKEN BY: _____

VERIFIED BY: _____

(After funds have been withdrawn)

ACCOUNTING USE: _____