



INTERNATIONAL WIRE TRANSFER CONSUMER MEMBER REQUEST

MEMBER INFORMATION

Name: _____ Address: _____
 Account # include Suffix: _____ City, State and Zip Code: _____
 Phone #: _____ Email Address* _____
 Please choose selection that applies: **(Enter amount with decimals)** Personal Fax Number* _____
 Transfer US Dollars \$ _____ Purpose of the Wire: _____
 Transfer Foreign Currency \$ _____ **(Please indicate specific reason for transfer)**
If wire request submitted by fax, select below:
 (US Dollars) (Foreign currency)
 Transfer \$ _____ worth of _____
 * This will be used to provide a pre-payment disclosure and receipt for your transaction.
 Total debit based on currency conversion will be printed on receipt. Select One: Email Personal Fax INITIALS: _____

RECEIVING BANK INFORMATION

Name: _____ Address: _____
 SWIFT Code: _____ City and Country: _____
 Transit Code (Canada-9 digit #)**: _____ Financial System Code: (INDIA-11 digit alpha numeric)**: _____
 Branch Information: _____
****Additional information required for designated country** INITIALS: _____

RECIPIENT INFORMATION (beneficiary person or company receiving wire) (NO PO BOX)

Name: _____ Address: _____
 Account #: _____ City and Country: _____
 IBAN #: _____
Required Information--Beneficiary contact name and telephone number: _____
 INITIALS: _____

I understand that Tropical Financial CU will charge a wire transfer fee to my account (refer to the Schedule of Fees) and that the receiving bank may also charge an incoming wire transfer fee to the beneficiary (recipient) account. I understand that a disclosure and wire receipt will be provided to me and that my signed acknowledgement is required on the wire receipt. If the wire transfer request is submitted via fax, I authorize Tropical Financial CU to send the prepayment disclosure and wire receipt to the e-mail or fax number listed above.

IMPORTANT NOTICE: Tropical Financial CU relies on the information that you have provided in order to transfer funds to another bank account. Please be sure that the information you have provided to us is accurate and complete, including the account number, financial institution details and the currency of the Recipient's account. Your funds transfer request may settle by the beneficiary bank's routing number and the beneficiary's account number that you have provided, even if the name given for the beneficiary bank and/or the beneficiary account do not match. If the account number or details are incorrect, your funds may be sent to the wrong bank account number and may not be recovered.

By Federal law, all wire transfer funds are verified against the Office of Foreign Assets Control's (OFAC) designated lists.

Include a Copy of Your Driver License

No Digital/DocuSign signatures, Date or initials accepted.

INITIALS: _____

Member Signature: _____

Date: _____

Return Completed Form to TropicalFCUWireDept@tfcu-fl.org or Fax (954) 499-6793 Outgoing international wire transfer cutoff time is 2:30 PM

To be completed by Credit Union:

Account Verification

Member ID: _____

Employee Name and Ext #: _____

Expiration Date: _____

Supervisor Signature: _____

Member Phone Contact: _____

Date: _____