

Expiration Date:

Member Phone Contact:

INTERNATIONAL WIRE TRANSFER BUSINESS MEMBER REQUEST

ME	MBER INFORMATION
Business 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)
Transfer \$ worth of (US Dollars) (Foreign currency)	
(US Dollars) (Foreign currency)	INVESTAL C
	INITIALS:
RECEIV	ING BANK INFORMATION
Name:	Address:
SWIFT Code:	City and Country:
	ial System Code: (INDIA-11 digit alpha numeric)**:
Branch Information:	
**Additional information required for designated country	INITIALS:
	N (beneficiary person or company receiving wire) NO PO BOX ADDRESS
Name:	Address:
Account #:	City and Country:
IBAN #:	
Required InformationBeneficiary contact name and telephone num	
	INITIALS:
, , ,	he Schedule of Fees) and that the receiving bank may also charge an incoming wire transfer fee to the beneficiary if that my signed acknowledgement is required on the wire receipt. If the wire transfer request is submitted via fax, I will be receipt. If the wire transfer request is submitted via fax, I will be received.
accurate and complete, including the account number, financial institution details and the curre	d in order to transfer funds to another bank account. Please be sure that the information you have provided to us is ency of the Recipient's account. Your funds transfer request may settle by the beneficiary bank's routing number and the ry bank and/or the beneficiary account do not match. If the account number or details are incorrect, your funds may be 's (OFAC) designated lists.
	nclude a Copy of Your Driver License Docusion signature, Date or initials accented INITIALS:
	botusign signature, but or initials accepted
Member Signature:	
Return completed Form to TropicalFCUWireDept@tfcu-fl.org or	r fax to: (954) 499-6793 Outgoing international wire transfer cutoff time is 2:30 PM
To be comp	pleted by Credit Union:
Account Verification	
Member ID:	Employee Name and Ext #:

Supervisor Signature:

Date: