

## INTERNATIONAL WIRE TRANSFER ORDER

The member listed as originator below requests payment to be made to the beneficiary and account number named below. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of the credit union is to exercise ordinary care in processing this wire transfer and that the credit union is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

		Date:				
WireTransfer Order Sul	bmitted:	☐ In Perso	on [	Phone	☐ Fax	☐ DocuSign
Disclaimer: Due to differing bank nor is it possible to guarantee a tin		tices throughout th	ne world, it is	s not possible for	any U.S. institution to guarantee of	delivery of a wire transmitted outside the U.S.,
REMITTER INFORMATION: PLEASE PRINT						
Member Name						
Member Date of Birth					Member Account Number	
Daytime Phone Number						
Member Complete Street Address City, State, Zip (NO P.O. BOXES) MUST have for ALL Wires						
Amount AND Purpose of Transfer		\$			Purpose:	
Member Signature Wire Password - MUST have signed Wire Agreement on file						
BENEFICIARY INFO	I	PLEASE P	RINT CLEARL	Y. PLEASE COMPLETE ALI	L SECTIONS AS INDICATED BELOW	
Beneficiary Name						
Beneficiary Address						
Beneficiary Address (Country, City, Code)						
Financial Institution Name						
Beneficiary Account # at Financial Institution						
Routing Number / SWIFT / BIC / IBAN		Routing #		SWIFT/BIC/IBAN		
Financial Institution Address						
Financial Insitution Address (City Code County)						
(only odds oddiny)		Beneficiary Intermediary FI Information				
Intermediary Financial Institution Name						
SWIFT-BIC						
Intermediary Financial Insitution Address						
Intermediary FI Address (City Code County)						
CREDIT UNION USE - DO NOT WRITE BELOW THIS LINE Identity Verification						
	d Identificatio Fax/DocuSign: verify 2 identifiers					
Identification: Type SEG work ID				ID#		Exp. Date
SSN Other:	[i.e. recent transactions, payroll info, phone #'s, address]					
Wire Password (must have signed Wire Agreement on file)						
Verification completed by:						
Print Name					Signature	
Account Debit Verification						
Wire Amount Wire Fee				Date:		
Verification Completed By:				Signature		
Transfer Information						
Date of Transfer:	-		Wire ID#			
Transfer Performed By:  Print Name					Signature	
Approval/Release wires ove				Oignature		
Annroyed/Released by					Date: _	

MembersFirst Credit Union Rev. 04/2016

Signature

Print Name