

# International Outgoing Wire Request

Outgoing wire transfer services are available for FECU members only.

MEMBER INFORMATION (Originator)		
Member Name:	Member Account #:	Date Requested:
Member Street Address (No P.O. Boxes):	City, State, Zip Code:	
Wire Transfer Amount: \$ _____	plus \$ _____	fee (contact the credit union for the current International Wire Fee)
Total Amount \$ _____	from <input type="checkbox"/> Account # _____	<input type="checkbox"/> Cash
<input type="checkbox"/> Foreign currency wire <input type="checkbox"/> U.S. Dollar wire		
<i>Foreign currency wires: wires converted to foreign currency prior to sending and destined for direct credit in a foreign currency account at a foreign financial institution.</i>		
<i>U.S. dollar wires: wires sent in U.S. funds and destined for a U.S. currency account at a foreign financial institution.</i>		
<i>Note: It is beneficial to send a foreign currency wire if the primary currency of the destination account is denominated in a foreign currency. Benefits include better conversion rates, lower service fees, record of exact amount wired, and faster processing.</i>		
BENEFICIARY INFORMATION		
Name of Financial Institution Receiving Funds:	Bank Identifier # (SWIFT, UKSORT, BLZ, BSB, TRNO):	
Branch Information:	City, Country, and Postal Code:	
INTERMEDIARY INFORMATION (if applicable):		
Financial Institution/Company Name:	Routing/Transit #:	
City, Country, and Postal Code:		
BENEFICIARY NAME (name on account receiving funds):		
National ID:	Beneficiary Account Number or IBAN**:	
	**A valid IBAN (international bank account number) is required for payments to European Union countries	
Beneficiary Street Address (No P.O. Boxes):	City, Country, and Postal Code:	
REFERENCE INFORMATION		
Purpose of Transaction*:		
*Payment purpose or reason is mandatory for certain transfers to Argentina, Bangladesh, Columbia, Indonesia, Israel, Poland, Russia, Slovakia, Thai Baht, and Venezuela.		
Other restrictions may apply.		
<p>The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect/inaccurate information provided. The undersigned authorizes Federated Employees Credit Union (the "Credit Union") to use any means it deems suitable for the transmission of the funds and understands and agrees that in carrying out this wire transfer, the Credit Union acts only as an agent. The undersigned hereby releases the Credit Union from all liability from any loss unless the loss arises out of the Credit Union's failure to exercise ordinary care, failure to act in good faith, or failure to act in accordance with the undersigned's instructions given pursuant to this authorization. If the undersigned's Authorization identifies the beneficiary both by a name and an identifying or bank account number and the name and number identify different persons, payment or cancellation of the order may be made solely on the basis of the number. Federal Reserve Regulation J is the law covering Fedwire transactions. The Credit Union will not be liable to make any refund to the undersigned for canceled requests until after the Credit Union receives confirmation of the returned funds. The undersigned acknowledges that the Credit Union has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of the funds. Wire transfer instructions received on a day the Federal Reserve Bank observes as a holiday and the Credit Union is open for business, will be processed on the following business day. The Credit Union is excused for delays or failures to execute the request to the extent that the delay or failure results from a cause beyond the reasonable control of the Credit Union.</p>		
Member Signature: _____ Date: _____		
Home Phone: _____ Cell Phone: _____ Work Phone: _____		
**For requests \$3,000 or more received by fax or e-mail a callback verification will be made to the number on file.		
To be completed by FECU Employee:		
Entered By: _____ Date Sent: _____ Time: _____		
Form Received: <input type="checkbox"/> In Person <input type="checkbox"/> E-mail <input type="checkbox"/> Fax		
Verified By: _____		
Funds Withdrawn: <input type="checkbox"/> Yes		
OFAC Verified: <input type="checkbox"/> N/A <input type="checkbox"/> Yes (Check <input type="checkbox"/> if exact match. If checked, do not send wire.)		
Call back information to verify wire transfer:		
Date: _____ Time: _____ Source of Verification/Call Back Tel. #: _____		
Identification Questions/Answers used to verify wire transfer (ask at least 3):		
1. _____		
2. _____		
3. _____		