

# INTERNATIONAL WIRE TRANSFER REQUEST

Please complete and sign the form below then mail or fax to:

Mail: Commonwealth One Federal Credit Union  
P.O. Box 9997  
Alexandria, VA 22304-0797  
Fax: (703) 650-4003



**International Wire Transfer Fee: \$50**

## MEMBER INFORMATION

**MEMBER NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**ACCOUNT #:** \_\_\_\_\_  
**AMOUNT:** \_\_\_\_\_ **TIME RECEIVED:** \_\_\_\_\_

## RECEIVING BANK

**IBAN #:** \_\_\_\_\_  
**SWIFT CODE #:** \_\_\_\_\_  
**BANK NAME:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **PROV:** \_\_\_\_\_ **COUNTRY:** \_\_\_\_\_

## FURTHER CREDIT TO/FINAL RECEIVING BANK (IF NEEDED)

**IBAN #:** \_\_\_\_\_  
**BANK NAME:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **PROV:** \_\_\_\_\_ **COUNTRY:** \_\_\_\_\_

## ACCOUNT TO BE CREDITED

**MEMBER NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **PROV:** \_\_\_\_\_ **COUNTRY:** \_\_\_\_\_  
**ACCOUNT #:** \_\_\_\_\_  
**REASON FOR WIRE:** \_\_\_\_\_  
**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

*Commonwealth One Federal Credit Union shall mail a transaction receipt of each wire transfer and fees charged to the member no later than the next business day following the date of the transfer. Such receipt shall be sent to the member's address of record. Commonwealth One agrees that it will use its best effort to see that requests for transfers are handled promptly and consummated on the day of receipt but makes no representation of such handling and the Member agrees that Commonwealth One is not responsible for any loss resulting from delay in making a transfer.*

**MEMBER'S SIGNATURE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

## FOR OFFICE USE ONLY

**WIRE AGREEMENT SIGNATURE VERIFICATION:** \_\_\_\_\_ **WIRE AGREEMENT PASSWORD VERIFICATION:** \_\_\_\_\_  
**EMPLOYEE TAKING REQUEST:** \_\_\_\_\_ **BRANCH:** \_\_\_\_\_

## ACCOUNTING USE ONLY

**OFAC CHECK BANK:** \_\_\_\_\_ **OFAC CHECK RECIPIENT:** \_\_\_\_\_  
**EMPLOYEE COMPLETING WIRE SIGNATURE:** \_\_\_\_\_ **PRINT LAST NAME:** \_\_\_\_\_