



INTERNATIONAL WIRE TRANSFER FORM

International Wire requests received after 12:00 noon will be processed the following business day.

Wire Amount:	International Wire Fee: \$40.00	Date: _____
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SECTION A – ORIGINATOR INFORMATION

Originator Member’s Name:	Account Number/Suffix:
Originator Member’s Street Address:	
Originator Member’s City/State/Zip:	Originator’s Phone #

SECTION B – BENEFICIARY INFORMATION

Beneficiary Name:	Beneficiary Account Number:
Beneficiary Street Address:	
Beneficiary City/Country:	
Beneficiary Reference (if applicable):	Beneficiary Final Credit:
Purpose of Wire:	

SECTION C – INTERNATIONAL RECEIVING BANK INFORMATION

Receiving Bank RT (ABA) or Swift Code:	
Receiving Bank Name:	
Foreign Bank Address/City/Country:	
IBN (may be needed to send wire):	Further Credit
Receiving Bank Name:	Receiving Bank RT (ABA) or Swift Code:
Foreign Bank Address/City/Country:	

CREDIT UNION INDEMNITY

I authorize Department of Labor Federal Credit Union to initiate this transfer of funds and charge to my account as indicated above. I understand and agree the Credit Union will rely solely on the routing/transit number of the Beneficiary’s institution provided by me as proper identification. I further understand and agree that any fees, charges, or commissions levied by other institutions with respect to this transaction are my responsibility. I release the Credit Union, its agents and correspondents from all responsibility, obligation and/or costs associated with other institutions, actions, fees or failure to deliver the funds, whether or not the receiving institution is foreign or domestic.

_____ Date: _____
Member’s Signature Authorization

Mail To: DOLFCU PO Box 51 Merrifield, VA 22116-0051 Fax To: (202) 408-8253	For Credit Union Use Only Wire Number: _____ OFAC: _____ Date Received: _____ Initiated By: _____ Approved By: _____	For ESO Use Only Date Received: _____ By: _____ Date Entered: _____ By: _____
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