

International Wire Transfer Form



Foreign Wire Fee \$35.00 Completed form can be faxed to 248-373-1339

Members faxing their request will be called to verify wire information before processing. All wires over \$5,000 must be done in person at a CCF branch.

Date _____ Account Number _____ Amount _____

Written Amount _____

(This should reflect the dollar amount of the wire — ex: Five Hundred Dollars and 00/100 — FEE not included)

Member Information

Member Name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Wiring Instructions

Receiving Financial Institution _____ IBAN Number/SWIFT Code _____

Address _____ City _____ Country _____ Zip _____

Further Credit (Complete only when needed)

Name on Account _____ Account Number _____

Address _____ City _____ Country _____ Zip _____

Final Credit/Receiver (Beneficiary Information — must be completed For ALL wires)

Name on Account _____ Account Number _____

Address _____ City _____ State _____ Zip _____

Purpose of Wire _____

How were the wiring instructions obtained? _____

How were the wiring instructions verified? _____

SECURITY QUESTIONS

YES NO
 YES NO
 YES NO
 YES NO
 YES NO
 YES NO

Were you promised a large amount of money in return for sending this wire?
 Are you wiring funds which were deposited by someone you do not know?
 Were you instructed to wire money in order to claim lottery or prize money?
 Are you wiring money in response to a guaranteed credit card or loan offer?
 Are you wiring money to someone you do not know?
 Are you wiring money to participate in a foreign lottery?

I understand that wire transfers initiated through the Federal Reserve are governed by the Uniform Commercial Code, Article 4A and Regulation "J" and that I may request an additional copy of the disclosure which outlines my responsibilities in the wire process if I desire. I understand that it is my responsibility to provide accurate account and routing numbers to the Credit Union. I have reviewed the above numbers and they are accurate. The Credit Union and other institutions may rely on these numbers even if they identify a different party or institution. I understand the cutoff deadlines and authorize CCF to wire the funds from my account and to deduct the fee. Under no circumstances shall there be any obligation or liability on Cornerstone Community Financial to make refund or pay any damages in connection with this transaction. All risks being expressly assumed by the account holder.

Member Signature _____ Date _____

ID Verified (Employee initial) _____

**All requests, whether in person or by fax, will require the member's signature and phone number on above form before the wire is sent out. Photo ID is required for fax requests. Fax requests are subject to approval prior to being sent out.*

For Credit Union Use Only

Employee _____ Branch _____ Officer Authorization _____

Wire Transfer Request Received: in person by fax

If other than in person, method of identification _____ Signature Verified _____ Balance Verified _____ OFAC Review _____

Entered by _____ Verified by _____ Reference # _____ Test Key _____

Debit above account \$ _____ Credit GL # [_____] wire amount Credit GL # [_____] fee amount