

INTERNATIONAL WIRE TRANSFER REQUEST FORM

Please submit form to a local branch.

Date: _____

Name of Sender (debtor): _____

Sender Account Number: _____

Street Address: _____

City, State, ZIP: _____

Phone: _____

Beneficiary (creditor) Name: _____

Account Number: _____

Street Address: _____

City: _____

Foreign Country Name: _____

Instruction Information: _____

Remittance Information (Purpose of Wire): _____

Beneficiary (creditor) Bank Name: _____

Street Address: _____

City: _____

Foreign Country Name: _____

Swift Code (if applicable): _____

IBAN (if applicable): _____

Amount (US Dollars Only) \$ _____ Fee \$ 57.00 Total \$ _____

I authorize First Peoples Community Federal Credit Union to make the above itemized wire transfer. I understand wires must be received in accounting no later than 1:00 p.m. on the date of the transfer. I understand that First Peoples will endeavor to send wires after that time, but there is no guarantee that they will be received by the receiving institution if sent after 1:00 p.m. I also understand that First Peoples relied on the correctness of the information given by me as to name, Swift Code, IBAN and account numbers and I hold them blameless for any action resulting in incorrect information given them. In all events, routing numbers/swift codes and account numbers will supersede information such as institutions or account names.

*****Please note that First Peoples wire department will contact you at the telephone number on file prior to this wire transfer being processed, and this wire request will not be processed until such confirmation is obtained.*****

Member Signature: _____ Date: _____

FOR FINANCIAL INSTITUTION USE ONLY

Member Verified by: _____
 (Employee Signature)

Method of Member Verification: _____

07-25