



Domestic Wire Transfer Application

TO AVOID ANY SIGNIFICANT DELAYS IN THE PROCESSING OF YOUR WIRE, PLEASE MAKE SURE ALL REQUIRED FIELDS ARE COMPLETED. YOU MAY EXPECT ADDITIONAL REQUIREMENT CHANGES DEPENDING ON THE BENEFICIARY COUNTRY LOCATION.

* indicates a required field

ORIGINATOR

*FULL NAME

*ADDRESS

*CITY/STATE or PROVINCE

*COUNTRY

*ACCOUNT NUMBER

*ACCOUNT TYPE

Please indicate if this is a savings or checking account.

*PHONE NUMBER

*E-MAIL

*AMOUNT US\$

INTERMEDIARY FINANCIAL INSTITUTION (IF NEEDED)

NAME

ADDRESS

CITY/STATE or PROVINCE

COUNTRY

ROUTING NUMBER

BENEFICIARY FINANCIAL INSTITUTION

*NAME

ADDRESS

CITY/STATE or PROVINCE

COUNTRY

*ROUTING NUMBER

BENEFICIARY

*FULL NAME

*ADDRESS

*CITY/STATE or PROVINCE

*COUNTRY

*ACCOUNT NUMBER

ORIGINATOR TO BENEFICIARY INFORMATION

REFERENCE
(Must be in English)

By signing I acknowledge that I have read the IDB-IIC Federal Credit Union Wire Transfer Service Agreement and Disclosure and agree to the terms and conditions contained therein. This Agreement can be found on the website and a printed copy can be provided upon request.

*SIGNATURE (Enter Your Full Name) *DATE (MM/DD/YYYY)

INTERNAL

WIRE VERIFICATION _____

WIRE ACCEPTED BY _____

APPROVED BY _____