



INTERNATIONAL WIRE TRANSFER REQUEST

Date	Branch No	Branch Name	Member Acct #

Member Name: _____

Member Address (No PO Box): _____

I/We authorize MembersFirst CT FCU to Withdraw Funds from the above-referenced account and transmit the amount requested via Wire Transfer to the destination as indicated below.

The Undersigned agrees to the terms and conditions which govern wire transfer processing at MFCTFCU. In accepting and effecting the transfer request, MembersFirst CT FCU is authorized to use any means it may consider suitable for the transmission of funds and said bank is released from responsibility for any inaccuracy, interruption or delay in transmission, or for claims occasioned by any circumstance beyond its control (when the funds are received by the said bank in this transaction are to be converted to foreign values, it is understood that the bank will promptly convert funds at said bank's then prevailing selling rate). In the case of any transfer not wholly negotiated within the United States, said bank is released from responsibility in case of realization of proceeds by any other than the true payee and from responsibility from the identity of the person claiming to be the payee. It is agreed that any refund is to be made only after said bank receives confirmation of effective cancellation of the transfer order and return of the funds (and, in the case of funds already converted, such refund is to be made on the basis of said bank's buying rate on the day the refund is made). The member further understands an international wire may take 2-3 business days or longer to process. MembersFirst CT FCU does not guarantee delivery dates or transfers to remote areas. Additionally, intermediary, receiving and beneficiary banks may deduct a fee from the wire transfer amount before crediting the beneficiary's account.

I/We understand a wire fee of \$_____ applies & will be paid by: Debit Account # _____ Cash ☐ Check ☐

Wire Amount
(U.S. Dollars) \$_____

Written Amount: _____

☐ **Foreign Currency**

Type of Currency: _____

Purpose: _____

RECEIVING BANK INFORMATION

Receiving Bank ABA (Routing) Number	Receiving Bank SWIFT or BIC Code	Receiving Bank IBAN
Receiving Bank Name	Receiving Bank Address (No PO Box)	
Beneficiary Bank ABA#	Beneficiary Bank SWIFT or BIC Code	Beneficiary Bank IBAN
Beneficiary Bank Name	Beneficiary Bank Address (No PO Box)	
Beneficiary Account #	Beneficiary Name and Address (No PO Box)	
For Further Credit: (if applicable)		
Additional Information:		

Wire Questionnaire

**Please answer the following questions selecting a response of either "Yes" or "No"*

Yes No

- ☐ ☐ Were these funds obtained as a result of prohibited/unlawful internet gambling transactions?
- ☐ ☐ 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 obtain lottery or prize winnings?
- ☐ ☐ Are you wiring money in response to a guaranteed credit card or loan offer?
- ☐ ☐ Were you instructed to wire money to claim an inheritance?
- ☐ ☐ Are you wiring money in response to an internet or phone offer?
- ☐ ☐ Are you sending money to someone you don't know?
- ☐ ☐ Are you sending money to participate in a foreign lottery?

IMPORTANT: If you answered "YES" to any of the questions above, you acknowledge that MembersFirst CT FCU has warned you that this is a high-risk transaction and activity will be monitored. These types of transactions are fraudulent in many cases and the money wired is not often recoverable. You will be held responsible for any overdrafts to your account should you decide to proceed with this request. MembersFirst CT FCU may, at its discretion, pursue remedies to collect any overdraft, including account closure and/or legal action.

I/We have read this Authorization Agreement and understand that the transfer request will be subject to the terms and conditions contained here. I have provided MFCTFCU with the instructions necessary to complete this transfer.

Member's Authorized Signature

Member's Authorized Signature

FOR BANK USE ONLY

Sign, Date & Print Name Below:

Prepared By:	
Printed Name:	

Approved By: (must be different than Prepared By)	
Printed Name:	

*Scan and attach to Members Account.