



INTERNATIONAL WIRE TRANSFER

13717 S. Route 30, Unit 157
Plainfield, IL 60544
Phone: (815) 439-5012
Fax: (815) 439-5010

REMITTER (FROM)	
CBI Member- Name on Account: _____	
Home Address: _____	
Daytime Phone (where you can be reached today): _____	
CBI Account # _____	Date of Birth: _____
Wire Amount US Dollar to US Dollar \$: _____	
Specify Foreign Currency: _____ Currency Rate _____	
<ul style="list-style-type: none"> • Fixed US Dollar Amount to Foreign Currency \$ _____ • US Dollar to Fixed Foreign Currency Amount _____ 	
Member Signature: _____	

A fee of \$45 will be charged to your account

BENEFICIARY (TO)	
Name: _____	
Account /IBAN: _____	
Address: _____	
City, State, Province: _____	
Province, Postal Code: _____	
Country: _____	Phone Number: _____
Date of Birth: ____/____/____ Purpose: _____	
Instructions: _____	

BENEFICIARY BANK	
Name: _____	
Swift/BIC Code: _____	
National ID: _____	
Address: _____ City, State, Province: _____	
Country: _____	Phone Number: _____ Branch: _____

You must speak to a credit union representative and complete a Wire Transfer Agreement before your request can be processed.

You may identify the payee or any financial institution by name and by account number (or ABA routing number). The Credit Union (and other institutions) may rely on the member or other identifying number as the proper identification, even if it identifies a different party or institution. CBI Federal Credit Union (CBI FCU) cannot be responsible for any funds once they are sent through the wire transfer system. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable fee.

International Wire Transfer requests will be processed between 9:00 a.m. and 3:00 p.m. Monday thru Friday on days that the Federal Reserve and CBI FCU are open for business. If your wire transfer request is received after 2:00 p.m., the request will be processed on the next business day.

Member Signature: _____

Date _____

CREDIT UNION INTERNAL USE ONLY	
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Verify if member signed in person		Verify if request was made without member present	
Address & Phone # (required)		Address & Phone # (required – verify system)	
TIN # (*If none, PP or Alien ID req'd)		Call Back Number _____ Required	
Type of ID/Country #		Password: _____ PIN: _____	
Also Requires 2 of the following verifications when performing Call Back			
OFAC (Req) Every Wire Transfer		Amount or Date of Last Deposit	
Driver's License Number or Passport on File		Type of Products (_____)	
Signature Verified w/Membership Card on File		Password or PIN (if not already verified)	
Birth date or Joint Account Member name		Last place Debit card was used	

Verified By _____ Date _____ Wired on: _____ By Empl _____ Alloya Appr _____ Post Mbr _____