

360 North Wood Avenue ● Linden, New Jersey 07036 Phone: 908-862-6966 ● Fax: 908-523-6119

International Outgoing Wire

Date of Request:			Inte	ernational Wire Fee: \$50.00
Dute of Request.				ψ30.00
Originator Account Number:		-		
Originator Name:				
Originator Address:				
Wire Amount:	\$			S. Foreign Ollars Currency
	<u> </u>	C 1.1 XX		
Important Note: Verify the besthe account type is foreign current				
IBAN:				
Swift Code:			National ID:	
Switt Code:			national ID.	
Foreign Country Name:				
Receiving Financial Institution Name:				
Receiving Financial Institution Address:				
(Must be the wire processing's co	rporate address)			
Beneficiary Name: (Final Credit to)				
Beneficiary Account Number:				
Beneficiary Address:				
Purpose of Wire: (Must be filled in)				
Pulpose of whe: (Must be in	neu mj			
Reference/ Additional Wire Instructions:				
Member's Signature:				Date:
For Office Use Only:				
Processed by:	Date:(Motion FCU Employee Signature)			
Call Back Password verified Initials:				
Yes No	i assword verified	Yes No		
Verification Online By:			n	Date: