



International Wire Transfer

Use this form to make an international wire transfer. Please provide proper and complete transaction information. You must agree to a prepayment disclosure and receipt before the wire is released for processing. Please make sure the information printed on the receipt is accurate to insure timely transfer of the requested funds. **All international wires must be received by 2:30 pm eastern time, Monday - Friday, to be processed the same day.** You may fax this form to 703.218.4014, visit one of our branches, or email to wires@congressionalfcu.org.

MEMBER INFORMATION

Member Name:	Credit Union Account Number:
Telephone Number:	Email Address:

TRANSACTION INFORMATION

Amount of Wire:	<input type="radio"/> USD	<input type="radio"/> Foreign Currency	<input type="radio"/> Currency Type:	
From:	<input type="radio"/> Savings	<input type="radio"/> Checking	<input type="radio"/> Money Market	<input type="radio"/> Other:
Receiving Institution Instructions:				

REQUIRED	Final Beneficiary Bank Name:	Beneficiary Bank Phone Number:
	Final Beneficiary Bank Address:	City/State/Country:
	BIC CODE and/or SWIFT CODE and/or SORTER NUMBER:	
	Name of Beneficiary to Receive Funds:	Telephone Number:
	Address of Beneficiary to Receive Funds:	
IBAN/Account Number to Receive Funds:		

Special Instructions for Beneficiary:

Intermediary Bank Information: (This section is optional and not required for all wires. Please note routing may be altered depending on Congressional Federal's correspondent relationships.)

Intermediary Bank Name:	Intermediary Bank Account Number:
Optional: Intermediary Bank Routing Number or SWIFT BIC:	
Intermediary Bank Address:	City/State/Country:
Special Instructions for Intermediary Bank:	

International Wire Routing Disclosure: I understand that wires are not guaranteed outside of the United States. I further understand that recipients may receive less due to fees charged by the receiving bank and foreign taxes. I understand that Congressional Federal will charge a \$45.00 fee to process this transactions.

Member Signature:	Date:
-------------------	-------

FOR CREDIT UNION USE ONLY:

Operations Disclosure Agreed to Verbally by Member: <input type="radio"/> Yes <input type="radio"/> No	
Wire Sq #:	
Wire initiated by:	Date/Time:
<input type="radio"/> FX <input type="radio"/> SIG <input type="radio"/> Funds Debited	
Wire verified by:	Date/Time:
Wire released by:	Time:
<input type="radio"/> OFAC <input type="radio"/> FX <input type="radio"/> SIG <input type="radio"/> Funds Debited	
<input type="radio"/> OFAC Failed <input type="radio"/> OFAC Approved Reason:	
Member verified by 1:	
Member verified by 2:	

TELEPHONE VERIFICATION

Security Question 1:
Security Question 2:
Security Question 3:

FACE TO FACE VERIFICATION

Branch:
Teller #:
Teller Name:
ID Type:
ID #:
Expiration Date:
Date of ID Verified:
Time ID Verified: