## **International Wire Transfer Authorization and Agreement**



Form Instructions:

1 — Complete all applicable areas on the form and sign and date in the signature area.

2 — Print and mail the completed form to:
 Delta Community Credit Union,
 P.O. Box 20541
 Atlanta, GA 30320-2541
 or Fax 470-351-4876

Originator (Sender) Information						
Name/Title of Account		Account Number	Type of Account			
Street Address (No P.O. Boxes)						
City	State	Zip	Country			
Telephone Number	Wire Sent on E	Behalf of (if applicable)	Purpose of Payment			
Wire Transfer Currency Selections a Currency Type	and Amounts	Please note that <b>Wires are sent Monday – Friday</b> , excluding federal holidays. Delta Community Credit Union's <b>International Wire Transfer cutoff is 3:00 p.m. ET</b> . Wires received after this cutoff time or on				
Name of Country and Unit		Saturday will be processed the following business day.  There is a non-refundable \$50.00 International Wire Transfer Fee.  Funds will be sent in the currency of the destination country where available. If you wish for the funds to be sent in U.S. dollars (funds				
Amount in Numbers						
U.S. Dollar Amount in Numbers or Foreign Currency Amount in Numbers		will be converted by local bank unless the recipient has a U.S. dollar account), please check this box.				
Beneficiary (Receiver) Information						
Name		Telephone Number				
Street Address (No P.O. Boxes)						
City	State	Zip	Country			
Account or IBAN Number		Relationship to I	Beneficiary			



P.O. Box 20541, Atlanta, GA 30320

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Insured by NCUA. Telephone: (404) 715-4725 Toll-Free: (800) 544-3328 Web: DeltaCommunityCU.com

Beneficiary B	ank Informa	ation					
Bank Name				Street Addi	ress		
City			State	Zip		Country	
Select One:	Bank	ABA	Sort Code	SWIFT	 Number		
Intermediary	Bank Inforn	nation (if ap	oplicable)		, values.		
Bank Name					Account l	Number	
Street Address	<b>S</b>						
City			State	Zip		Country	
Select One:	Bank	ABA	Sort Code	SWIFT	Number	Number	
Special Instruc	ctions						
provide the tra	nsfer reques osures and A	st above pur Agreements	suant to the terms a , including, but not l	and conditions appl	icable to wire tran	ant holder(s) request the Credit Union to sfers within the Member/Savings Transfer Disclosure, and with the	
Authorized Sig	gnature			Date			

Date



2nd Authorized Signature (if applicable)