

**International Wire Transfer Request Form** 

Completed and signed form must be received no later than 12pm MST for same day transfer

Requested by: In Person		Online Banking	
Wire Amount:	Recurring?	Date of Transfer:	
Remitter Information (All field	's are required)		
Member Name(s):			
Account Number:			
Street Address:			
City:	State:	Zip:	
Email:	Daytime Pt	hone:	

**Beneficiary Information** (Verify receiving bank information prior to submitting form)

Beneficiary Name(s):			
Account Number or IBAN:			
Street Address:			
City:	State:	Zip:	
Email:	Daytime Phone:		

**Reference Information** 

**Beneficiary Bank Information** (Verify receiving bank information prior to submitting form)

Bank Name: Street Address:		
City:	State:	Zip:
Primary Bank Identifier-Required (Check One): ID number:	BSB BIC	☐ TRNO ☐ BLZ ☐ SWIFT ☐ UKSORT
Secondary Bank Identifier-Optional (Check One): ID number:	BSB BIC	☐ TRNO ☐ BLZ ☐ SWIFT ☐ UKSORT

I certify that the information provided on this form is true and accurate and I authorize this transaction. I understand that On Tap Credit Union<sup>TM</sup> will act only on this request upon my oral confirmation of these instructions, and that I may be asked questions in order to verify my identity if this request is made via phone or online. I release On Tap Credit Union<sup>TM</sup> from any liability that may result from incomplete or incorrect information provided on this form or by oral confirmation. I authorize On Tap Credit Union<sup>TM</sup> to transfer funds described herein and debit my account in the amount transferred plus the applicable fee indicated on the fee schedule. I acknowledge that On Tap Credit Union<sup>TM</sup> does not guarantee how long it will take for the funds to be credited to the receiving account after a wire is initiated. I further acknowledge that if a wire is returned to On Tap Credit Union<sup>TM</sup> due to incorrect information provided, the wire fee will not be reimbursed.

Sender Signature:		Date:	
Source of Funds			
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