



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 fields are required)*

Member Name(s): _____
Account Number: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Daytime Phone: _____

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): BSB TRNO BLZ
ID number: _____ BIC SWIFT UKSORT
Secondary Bank Identifier-Optional (Check One): BSB TRNO BLZ
ID number: _____ BIC 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® 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® 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® 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® 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® due to incorrect information provided, the wire fee will not be reimbursed.

Sender Signature: _____ Date: _____

Source of Funds

Processed by: _____ Date of Request: _____ Time of Request: _____