

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 B	anking
Wire Amount:	unt: Recurring?		Date of Transfer:	
Remitter Information	tion (All fields are required)			
Member Name(s): Account Number:				
Street Address:			Zip:	
Email:				
Beneficiary Infor	mation (Verify receiving ban	k information pr	or to submitting forn	n)
Beneficiary Name(s	· IBAN:			
Street Address:		State:	7in.	
City			Zip:	
Reference Inform	ation			
Bank Name:	Information (Verify receiving	-	•	ng form)
Street Address:		State:	7:	
City:	rifier-Required (Check One):	State: BSB	Zip: □ TRNO □ BLZ	
ID number:	and Required (Official Offic).	BIC	SWIFT UKS	ORT
	entifier-Optional (Check One):		☐ TRNO ☐ BLZ ☐ SWIFT ☐ UKS	ORT
understand that On Tinstructions, and that phone or online. I reincorrect information transfer funds descriptionated on the fee will take for the fund	rmation provided on this form Tap Credit Union TM will act only I may be asked questions in or elease On Tap Credit Union TM on provided on this form or by or bed herein and debit my accounts chedule. I acknowledge that Colls to be credited to the receiving the to On Tap Credit Union TM	ly on this request under to verify my in the from any liability the ral confirmation. In the amount the Tap Credit Unions account after a well with the requestion of the requ	pon my oral confirmation dentity if this request is that may result from incommentation authorize On Tap Credensferred plus the applied that does not guarantee fire is initiated. I further	ion of these made via complete or lit Union TM to cable fee how long it racknowledge
Sender Signature:			Date:	
Source of Funds				
Processed by:	Date of Re	equest:	Time of F	Request: