

MONTAUK CREDIT UNION
 111 West 26th Street, New York, NY 10001
 212.989.5200 fax 212.989.0483
 www.montauk-cu.com

Please Print Clearly

INTERNATIONAL WIRE TRANSFER REQUEST

ORIGINATOR DATA - MEMBER INFORMATION

*Member Name _____ *Phone Number _____
 *Address _____
****MUST BE PHYSICAL STREET ADDRESS. CANNOT USE PO BOX**
 *Account Number _____ *Driver's License Number _____
 Dollar amount to be Wired \$ _____ Add Fee \$40.00 Total Amount Deducted from Account \$ _____
****WIRE WILL BE IN US CURRENCY**

BENEFICIARY BANK DATA

*Bank Name _____
 *Bank Street Address _____
 *Branch Information _____
 *City and Country _____
 *SWIFT/BIN/Bank Code _____
 May have letters and numbers _____ *IBAN/Account # _____
 Additional Information _____

BENEFICIARY DATA

*Beneficiary's Name: _____ * Account Number: _____
 Must match name on account # _____
 *Beneficiary's Address: _____
 Additional Information: _____

I acknowledge that: (1) Any wire request after 12 p.m. noon will not be processed until the following business day provided the funds are available at that time. (2) Montauk CU cannot guarantee that the receiving institution will actually receive and/or act upon this wire transfer in a timely manner. (3) Montauk CU cannot guarantee special instructions will be followed by the receiving financial institution. (4) I authorize Montauk CU to debit from my account for the amount of this wire transfer and any fees and expenses incurred in connection with the execution of this request. (5) Correspondent banks may charge handling fees, which Montauk CU has no control over. (6) It may not be possible to cancel or amend this wire transfer request. Montauk CU will act on requests for amendments or cancellations, but by signing below, you agree that Montauk CU is not liable, if for any reason, this wire transfer request cannot be amended or cancelled. (7) By signing below, you agree to hold Montauk CU harmless from any possible losses resulting from uncontrollable situations. Montauk CU is not liable for any failure to act or delay in acting on this wire transfer request because of legal constraints; negligence of the undersigned member; interruption of communication facilities; equipment failure; emergency conditions; violation of any guidelines, rules, or regulations of any government authority; or other circumstances beyond Montauk CU's control. (8) The above information is correct and complete.

*Member (Sender's) Signature: _____ Date: _____

*REQUIRED
****For assistance, please call 212-989-5200. Fax completed form with copy of identification card to 212-989-0483**

CREDIT UNION USE ONLY

Employee Accepting Wire	Date and Time Accepted	ID Type and Number
Fund on Deposit Since	Call Back Date and Time	Call Back By

ADMINISTRATION USE ONLY

Date and Time Sent	Wire Sent By	OFAC
Verified By	Date Verified	Wire Log #