



International Wire Transfer Authorization Form

All Wires Must Include a Current Driver's License or Other Current Picture ID.

ORIGINATOR/SENDER INFORMATION

Originator's Name: _____ Date: _____
 Account # w/ Trailer: _____ Address: _____
 City, State, Zip: _____ Amount (U.S. Dollars): \$ _____ (\$35.00 Fee)
 Email: _____ Phone #: _____

BENEFICIARY/RECIPIENT INFORMATION

Beneficiary's Name: _____
 Account # or IBAN*: _____
 Address 1: _____ Address 2: _____
 City: _____ Country: _____
 Email: _____ Phone #: _____

*A valid IBAN (International Bank Account Number) is required for payments to Israel and European Union Countries. An IFSC (Indian Financial System Code) is required for payments to India.

REFERENCE INFORMATION

Purpose of Transaction**: _____

**Payment purpose or reason is mandatory for certain transfers to Argentina, Bangladesh, Columbia, Indonesia, Israel, Poland, Russia, Slovakia, Thai Baht, and Venezuela. Other restrictions may apply.

BENEFICIARY BANK INFORMATION

Bank Identifier Number (Select At Least One) SWIFT, UKSORT, BLZ, BSB, TRNO: _____
 Beneficiary Bank Name: _____
 Beneficiary Bank Address: _____
 Country: _____ City: _____

Special Instructions: _____

ORIGINATOR/SENDER AUTHORIZATION

The undersigned represents that the above information is correct and acknowledges responsibility for any errors resulting from incorrect information provided. The undersigned releases Best Reward Federal Credit Union from all liability from any loss, unless the loss arises out of the credit union's failure to exercise ordinary care, act in good faith, or act in accordance with the instructions given pursuant to this Authorization. The credit union and other financial institutions may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. You authorize the credit union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. The credit union has no influence or responsibility for fees or surcharges imposed by other financial institutions involved in the transfer of funds.

Originator's Signature: _____

INTERNAL USE ONLY

Teller's Name: _____ Walk-In _____ Fax or Email _____ Revised 03/24

Funds Collected Fee Collected OFAC Verification
 Accounting Date: _____ Time: _____ Employee's Name: _____