

Please submit completed form to a local branch.

★★ INTERNATIONAL WIRE TRANSFER REQUEST ★★

Date:	
Name of Sender:	
Account Number:	
Street Address:	
City, State, ZIP:	
Phone:	
Beneficiary Name:	
Account Number:	
Street Address:	
City:	
Country:	
Additional Instructions:	
Purpose of Wire:	
Beneficiary Bank Name:	
Street Address:	
City :	
Branch (if applicable):	
Swift Code:	
IBAN (if applicable):	
Amount US Dollars Only	Fee \$ <u>57.00</u> Total \$
stand wires must be received in accounting no late that First Peoples will endeavor to send wires after t ceived by the receiving institution if sent after 1:00 p rectness of the information given by me as to name	Union to make the above itemized wire transfer. I underser than 1:00 p.m. on the date of the transfer. I understand that time, but there is no guarantee that they will be reso.m. I also understand that First Peoples relied on the core, Swift Code, IBAN and account numbers and I hold them mation given them. In all events, routing numbers/swift codes uch as institutions or account names.
*** Please note that First Peoples wire department will co- being processed, and this wire request will not be proces	ntact you at the telephone number on file prior to this wire transfer until such confirmation is obtained.***
Member Signature:	Date:
INTER	NAL USE ONLY
Member Verified By:	
(Employ	vee Signature)
Method of Member Verification:	07-14