



**Southwest Financial**

Credit Union Use Only		
Name	_____	
Member Number	_____	Date _____

## OUTGOING WIRE TRANSFER - INTERNATIONAL

For same day processing, requests must be received before 10:00 a.m. CST  
Please complete all fields.

### Member Information

Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address (Street, City, State, ZIP) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

Amount (U.S. Dollars) \_\_\_\_\_ Fee \$30.00 \_\_\_\_\_ Total Amount \_\_\_\_\_ Transfer Date \_\_\_\_\_

Withdraw from  Savings  Checking

### Beneficiary Financial Institution

Receiving Bank/CU Name \_\_\_\_\_

Address \_\_\_\_\_ Country \_\_\_\_\_

Receiving Bank/CU Swift/BIC Code \_\_\_\_\_

### Credit To

Receiving Account Holder Name \_\_\_\_\_ Receiving Account Number \_\_\_\_\_

Receiving Account Holder Address Street, \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

### For Further Credit To (Third Party/Investments/Final Credit)

Receiving Account Holder Name \_\_\_\_\_ Receiving Account Number \_\_\_\_\_

Receiving Account Holder Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Special Instructions or Additional Information \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Union Use Only		
Date	Time	By
WT Fee	MW-Amount	
Call Back Verification		
By	Number	Contact
Required	Random	