B-M S FCU INTERNATIONAL WIRE TRANSFER FORM FEE \$40.00 MEMBER'S NAME: ADDRESS: (No P.O. Box FROM SUFFIX #: ACCOUNT NUMBER PHONE NUMBER DATE OF BIRTH _____ PURPOSE OF WIRE: US DOLLARS YES ____ NO ___ AMOUNT \$ ____ FOEREIGN CURRENCY YES _____ NO ____ AMOUNT WITHDRAWN FROM MEMBER'S ACCOUNT: AMOUNT \$_____ **CURRENCY TYPE** BENEFICIARY NAME: FIRST _____ MI ____ LAST ____ OR COMPANY NAME: ADDRESS: (No P.O. Box Address) ACCOUNT NUMBER OR IBAN NUMBER PHONE NUMBER RECEIVING INSTITUTION NAME: ADDRESS: (No P.O. Box Address) BANK CODE AND/OR SWIFT CODE BANK PHONE #: DATE OF TRANSFER: _____ B-M S FCU REP: _____ IN PERSON MEMBER'S AUTHORIZING SIGNATURE EMAIL OR FAX (COPY OF D/L OR ID) VERBAL CONFIRMATION FROM MEMBER: PROCESSED BY: ______ VERIFIED BY:_____