International Wire Transfer Authorization and Agreement



Form Instructions:

1 — Complete all applicable areas on the form and sign and date in the signature area.

2 — Print and mail the completed form to:
 Delta Community Credit Union,
 P.O. Box 20541
 Atlanta, GA 30320-2541
 or Fax 770-644-0131

Originator (Sender) Information					
Name/Title of Account		Account Number	Type of Account		
Street Address (No P.O. Boxes)					
City	State	Zip	Country		
Telephone Number	Wire Sent on E	Behalf of (if applicable)	Purpose of Payment		
Wire Transfer Currency Selections Currency Type	and Amounts	Please note that Wires are sent Monday–Friday , excluding federal holidays. Delta Community Credit Union's International Wire Transfer cutoff is 3 p.m. ET . Wires received after this cutoff time or on			
Name of Country and Unit Amount in Numbers U.S. Dollar Amount in Numbers or Foreign Currency Amount in Numbers		Saturday will be processed the following business day There is a non-refundable \$40.00 Wire Fee. Funds will be sent in the currency of the destination country where available. If you wish for the funds to be sent in U.S. dollars (funds will be converted by local bank unless the recipient has a U.S. dollar account), please check this box.			
					Beneficiary (Receiver) Information
Name		Telephone Number			
Street Address (No P.O. Boxes)					
City	State	Zip	Country		
Account or IBAN Number		Relationship to	Relationship to Beneficiary		



P.O. Box 20541, Atlanta, GA 30320

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Telephone: (404) 715-4725 Toll-Free: (800) 544-3328 Web: DeltaCommunityCU.com

Beneficiary B	ank Informa	ation				
Bank Name				Street Add	ress	
City			State	Zip		Country
Select One:	Bank	ABA	Sort Code	SWIFT	 Number	
Intermediary	Bank Inform	nation (if ap	plicable)		Number	
Bank Name					Account	Number
Street Address	<u> </u>					
City			State	Zip		Country
Select One:	Bank	ABA	Sort Code	SWIFT	Number	
Special Instru	ctions					
provide the tra	insfer reques osures and A	st above purs Agreements,	suant to the terms a including, but not l	and conditions appl	icable to wire trar	unt holder(s) request the Credit Union to nsfers within the Member/Savings Transfer Disclosure, and with the Credit
Authorized Sig	gnature			Date		

Date



2nd Authorized Signature (if applicable)

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