



INTERNATIONAL WIRE INSTRUCTIONS (Daily Cutoff Time 2:00pm CDT)

BVSCU Member Information (please print):

Date: _____

Wire Amount: \$ _____

BVSCU Acct No _____ Acct Type: ☐savings ☐2nd savings ☐checking ☐money market ☐other: _____

First & Last Name: _____
(First Name) (Last Name)

Address: _____
(Street) (City, ST ZIP)

Receiving Foreign Financial Institution Information (please print):

Foreign FI Name: _____

Foreign FI Address: _____

Swift/BIC Code: _____

Sort Code/Branch Code (IF APL): _____ Canadian Transit No (IF APL): _____

Beneficiary Information (please print):

Beneficiary Acct No/IBAN (Europe)/CLABE (Mexico): _____

Beneficiary Name: _____

Beneficiary Address: _____
(Street) (City, ST ZIP)

Purpose of Payment (required): _____

Further Credit To (if needed): Name: _____ Acct No: _____

I do, hereby, authorize Brazos Valley Schools Credit Union to wire funds out of my account using the information I provided above. I understand there will be a credit union fee of **\$51.00** for international wires. *(Additional processing fees from intermediary and/or third party financial institutions may be applied. These fees may be subtracted from the wire amount and the credit union assumes no liability for any of these fees.) Identifying Number: If your payment order identifies an intermediate financial institution, beneficiary financial institution or beneficiary by name and number, we and every receiving or beneficiary financial institution may rely upon the identifying number rather than the name to make payment, even if the number identifies an intermediate financial institution, person or account different than the financial institution or beneficiary identified by name. Neither we nor any receiving or beneficiary financial institution have any responsibility to determine whether the name and identifying number refer to the same institution or person.

Signature
Original signatures only, Digital signatures are not permitted.

Phone Number (8am-5pm)

Wire Code (if applicable)
Form can be emailed to wires@bvscu.org.

FOR OFFICE USE ONLY

Receiving Employee: _____

Verified By: _____

Date: _____ Time: _____

Dollar Amt: \$ _____

Received by: ☐ In person ☐ Fax ☐ Email

OFAC Check Completed by: _____