



Wire Transfer Request Form International Only

MEMBER INFORMATION

Account # _____ From Account _____

Member Name _____

Member Address _____

Member Phone # _____ Member Cell Phone # _____

Member Email _____

Amount to Be Sent \$ _____

Funds Verified By: _____ Fee Amount: _____

WIRE TRANSFER INSTRUCTIONS

Receiving Bank Name _____

Address _____

Swift Code _____ Int'l Currency _____ Branch _____ Country _____

BENEFICIARY INFORMATION — SELF LEGAL OWNER THIRD PARTY

Credit to — Beneficiary's Name _____

Address _____

Account# _____ IBAN# _____

Purpose of Wire _____

Special Instructions _____

I, hereby authorize Alero Financial to transfer funds by wire as shown above. I understand that my account will be debited for the amount of the wire plus applicable fees. I also understand that when you initiate a wire transfer, you may identify the recipient and any financial institution by name and by account or identifying number. The credit union and any other financial institutions facilitating the transfer may rely strictly on the account or identifying number even if the number identifies a different person or financial institution. I agree to hold Alero Financial harmless if the funds are not received and credited due to incorrect information provided above.

Member's Signature _____ Date _____ Time _____

Complete this form and send to Alero Financial by scanning and emailing to operations@alerofinancial.org, by mailing to Attn: Operations Department, 2075 Big Timber Road, Elgin, IL 60123, or by faxing to (847) 888-6652.

STAFF Use: Teller # _____ Recv'd: In Person _____ Phone _____ Fax _____ Mail _____

What identification was verified _____ Date _____ Time _____

Operations Department Use

Verification Method _____ OFAC Verified _____ Verified by _____ Approved by _____

Input By _____ Date _____ Time _____ Confirmation # _____ Contact Added ____/____/____

