



**INTERNATIONAL
Wire Transfer Form**

OAS Staff FCU
1889 F Street, NW • Washington, DC 20006
Tel: 202-458-3834 • Fax: 202-458-3838

ORIGINATOR INFORMATION

Member Name		Account No.	Savings <input type="checkbox"/>
			Checking <input type="checkbox"/>
Member Address			
City		State	Country
Phone	Email	Amount US\$	

WIRE DESTINATION

Full Name of Beneficiary*		Account No. of Beneficiary*	
Beneficiary Address*			
City		State	Country
Bank Name*	Account No.**	Swift Code.*	
Bank/Branch Address*	City	Country	
Intermediary Bank**		ABA or Routing No.**	
Additional Information			

MEMBER SIGNATURE & AGREEMENT

By signing this form I understand and accept that OAS Credit Union wire-transfers are made through Mid-Atlantic Corp and may require the use of intermediary banks to process. Fees charged by these banks and/or the receiving bank may be deducted from the amount of the wire. Any wire requests received after 1:00 pm will not be processed until the following business day provided the funds are available at that time. OAS Credit Union cannot guarantee that the receiving institution will actually receive and/or act upon this wire transfer in a timely manner or that special instructions will be followed by the receiving institution. I authorize OAS Credit Union to debit my account for the amount of this wire transfer and any fees and expenses incurred in connection with the execution of this request.

The OAS Credit Union has adopted security procedures regarding the origination of wire transfers as provided in UCC Article 4A. You accept these security procedures. I also certify that the above information is correct and complete.

Signature

Date

FOR INTERNAL USE ONLY

Verified by: _____ Approved By: _____ ☐ OFAC

* Required

**Optional