

*** DOMESTIC OR INTERNATIONAL BANK WIRE OUT FORM ***

(Member requesting to wire funds from NARC)

Member acct.: _____ Member Name: _____

Home Address: _____

Amount \$ _____ Fee \$ _____

1st Bank ABA # or (Routing #) _____

IBAN# (international)

Name of Bank: _____

Bank's Address: _____

(Include country if international)

SWIFTCODE #
(international) _____

2nd Bank Routing # _____

IBAN # (international)

Name
of Bank: _____

Bank's Address: _____

SWIFTCODE#
(International) _____

FINAL CREDIT TO: ALL FIELDS ARE TO BE COMPLETED:

Beneficiary Name: _____

Beneficiary Acct: _____

Beneficiary Address: _____

Purpose of wire (required): _____

Member's Signature: _____ Date: _____

ID used: _____ OFAC: _____ yes _____ no

Employee's initials: _____ Date: _____ Time: _____
(Employee that took information)

Verification #: _____ Initials: _____