

WIRE:

**REMITTANCE TRANSFER  
PRE-PAYMENT DISCLOSURE**

MEMBER NO:

This disclosure provides you with information on your requested international transfer and associated pricing before payment is made.

**TRANSFER INFORMATION**

Sender/Payer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Day Phone No: \_\_\_\_\_

Transfer Date: \_\_\_\_\_  
Country of Receipt: \_\_\_\_\_

Transfer Amount: \$ \_\_\_\_\_  
Transfer Fees: +\$ \_\_\_\_\_  
Transfer Taxes: +\$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

Exchange Rate: US\$1.00= \_\_\_\_\_

Transfer Amount: \_\_\_\_\_  
Other Fees: - \_\_\_\_\_  
Total to Recipient: \_\_\_\_\_

Recipient may receive less due to fees charged by the recipient's financial institution and foreign taxes.

Please note: If you provide an incorrect account number or recipient institution identifier, you could lose the transfer amount.

**NOT A RECEIPT**



# REMITTANCE TRANSFER RECEIPT

MEMBER NO: \_\_\_\_\_

☐ UPDATED RECEIPT

## RECEIPT

Sender/Payer: \_\_\_\_\_

Recipient/Payee: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Day Phone No: \_\_\_\_\_

Day Phone No: \_\_\_\_\_

Transfer Date: \_\_\_\_\_

Pick-up Location: \_\_\_\_\_

Time of Transfer: \_\_\_\_\_

Confirmation Code: \_\_\_\_\_

Address: \_\_\_\_\_

Funds Available By: \_\_\_\_\_  
(May be available sooner)

Day Phone No: \_\_\_\_\_

☐ Future Transfer Date(s): \_\_\_\_\_

### Updated

☐ Transfer Amount: \$ \_\_\_\_\_

☐ Transfer Fees: +\$ \_\_\_\_\_

☐ Transfer Taxes: +\$ \_\_\_\_\_

☐ Total: \$ \_\_\_\_\_

☐ Exchange Rate: US\$1.00= \_\_\_\_\_

☐ Transfer Amount: \_\_\_\_\_

☐ Other Fees: - \_\_\_\_\_

☐ Total to Recipient: \_\_\_\_\_

Recipient may receive less due to fees charged by the recipient's financial institution and foreign taxes.

You have a right to dispute errors in your transaction. If you think there is an error, contact:

\_\_\_\_\_ within 180 days at \_\_\_\_\_ or  
(Credit Union) (Phone Number)

\_\_\_\_\_. You can also contact us for a written explanation of your rights.  
(Web Address)

☐ You can cancel for a full refund within 30 minutes of payment, unless the funds have been picked up or deposited.

☐ You can cancel for a full refund no later than 3 business days prior to the scheduled date of the transfer.

To cancel your transaction call: \_\_\_\_\_  
(Phone Number)

For questions or complaints about \_\_\_\_\_, contact:  
(Credit Union)

Consumer Financial Protection Bureau  
855-411-2372  
855-729-2372 (TTY/TDD)  
[www.consumerfinance.gov](http://www.consumerfinance.gov)

State Agency: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Web Address: \_\_\_\_\_

**ADDITIONAL TRANSFER INFORMATION****Sender/Payer Information**

Account to Debit: \_\_\_\_\_

Special Payment Instructions: \_\_\_\_\_  
\_\_\_\_\_**Recipient/Payee Information**

Identification No: \_\_\_\_\_

Account No. or IBAN: \_\_\_\_\_

**Intermediary Financial Institution Information**Name of Financial Institution: \_\_\_\_\_  
\_\_\_\_\_Address: \_\_\_\_\_  
\_\_\_\_\_

ABA Routing Transit No: \_\_\_\_\_

Swift/Sort Code: \_\_\_\_\_

Branch Information: \_\_\_\_\_  
\_\_\_\_\_Special Payment Instructions: \_\_\_\_\_  
\_\_\_\_\_**Receiving Financial Institution/Entity Information**Name of Financial Institution/Entity: \_\_\_\_\_  
\_\_\_\_\_Address: \_\_\_\_\_  
\_\_\_\_\_

Swift/Sort Code: \_\_\_\_\_

Branch Information: \_\_\_\_\_  
\_\_\_\_\_Special Payment Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**AUTHORIZATION**

By signing or otherwise authenticating, the Sender acknowledges that he/she has authorized the remittance transfer described on this Receipt.

Sender Signature (optional)

Date

**X****CREDIT UNION USE ONLY****Transaction Details**

Date and Time of Request: \_\_\_\_\_

Method of Transfer: \_\_\_\_\_

Transfer Processed By: \_\_\_\_\_

Transaction/Control No: \_\_\_\_\_

**Security Measures**

Security Method Used: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Completed By: \_\_\_\_\_

Phone No. for Callback (if applicable): \_\_\_\_\_

**Cancellation Information**

Cancellation Date: \_\_\_\_\_

Cancellation Time: \_\_\_\_\_

Cancellation Processed By: \_\_\_\_\_

**OFAC**☐ OFAC Verification Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

<b>JOURNAL VOUCHER</b>			<b>MEMBER NO.</b> _____		
<b>ACCT NO.</b>		<b>NAME</b>		<b>DATE</b>	
DEBIT				CREDIT	
		SHARE	(901.00) (902.00) (905.00)		
		CASH			
		LOANS			
		INTEREST			
			(745.00)/(740.00)		
		FEES & CHARGES	(131.00)		
CHECK NO. _____			AMT. _____		
ENTERED JCR _____			POSTED _____		
			APPROVED OR AUTHORIZED BY _____		
			RECEIVED BY _____		