

International Funds Transfer Request-Business

In-Branch Submission only Monday to Friday between 8 a.m.-2.30 p.m. CST. Excluding Federal holidays.

NOTE: International Funds are sent via Western Union.

For Credit Union Use ONLY
Branch Teller ID/Initials (Mbr ID'd)
Wire Dept. Teller ID/Initials
Wire Dept. Teller ID/Initials
Manager/Officer Approval

Sender Information	(Member sending the funds) PLEASE PRINT LEGIBLY OR TRANSFER MAY BE DELAYED.								
Business Name	Account				S	hare ID			
	DI : 1 11			Nur	nber				
Business Address	Physical addres	S							
(P.O. Box is not acceptable)	City		State				Zip		
							p		
Daytime Phone Number			Er	mail Address					
-									
Transfer Details									
Amount of Transfer									
Destination Country (for International Funds Transfers)			Currency (Check O		SD Otl	ner (Spe	cify)		
Reason for Transfer. NOTE: "Personal			(0000	,					
or Gift" is not a valid reason									
Funds Transfer Reference Special instructions to recipient									
Recipient / Beneficiary Information	(Individual receiv	ing the funds	s) PLEAS	E PRINT LE	GIBLY O	R TRAN	ISFER M	AY BE D	ELAYED.
			,		_	iary Pho			
Beneficiary Name As it appears on account	Number								
Beneficiary Address	Physical address	•			_	itv			
(P.O. Box is not acceptable)					City				
	State/Province		Zip/Po	stal Code		- 1	Country		
Beneficiary Bank Name			•			•			
Beneficiary Account Number / IBAN									
/ CLABE (Required for Wires to									
Mexico)									
Beneficiary Bank Address	Physical address	;			City				
(P.O. Box is not acceptable)	State/Province						-		
	State/Province		Zi	p/Postal Cod	le		Count	ry	
Beneficiary Bank Routing Number/				Trai	nsit Numb	er (For			
SWIFT				Wire	es to Cana	ada)			
Additional Information for Corresp	ondent Bank:								
Beneficiary Correspondent Bank									
Beneficiary Correspondent Bank	nk			Beneficiary Bank					
Routing Number			Account Number						
Fax completed form to (866) 271-2498 Attn: Wire Dep	artment If this form was	not submitted in p	erson at our b	oranch, a represe	ntative will ca	II to verify a	fter reviewing	g your funds	-transfer form.

Fax completed form to (866) 271-2498 Attn: Wire Department If this form was not submitted in person at our branch, a representative will call to verify after reviewing your funds-transfer form. The phone number you provide must match the phone number we currently have on file or the transfer will be delayed. Refer to our Truth in Savings Rate and Fee Schedule for fees associated with this transaction. Transaction may be subject to Regulation D limitations when funds transfer not conducted in person. Date funds received will be disclosed at time of request. I agree that any incomplete, inaccurate or illegible information listed on this form may result in the non-transfer of funds. Fedwire or Western Union may be used to send the funds transfer. Regulation J is the law covering all Fedwire transactions. I agree that if I give American Airlines Federal Credit Union a payment order that identifies the recipient of the funds, by both name and account number, payment may be made by the recipient's bank on the basis of the bank account number, even if the number identifies a person different than the named recipient. Similarly, if I give the Credit Union a payment order that identifies an intermediary or receiving bank by both name and identifying number, a receiving bank may rely on the number as the proper identification, even if it identifies a different bank than named. American Airlines Credit Union is not responsible for a liability incurred as a result of non-transfer of funds. I agree that this funds transfer will be conducted according to the Terms and Conditions of the Funds Transfer Agreement I previously executed.

Authorized Signature:	Da	ate	