

Wire Transfer Request Form Naudas Nosūtīšanas Veidlapa

Originator / Sūtītājs

	First	Middle	Last	-or-	Business
Name:					
Address:					
City:			Zip Code:		
State:			Phone No:		
Account No:					

Beneficiary / Saņēmējs

	First	Middle	Last	-or-	Business
Name:					
Address:					
City:			Zip Code:		
State:			Phone No:		

Beneficiary Bank / Saņēmēja Banka

Name of the Bank:		Branch:	
SWIFT/BIC Code:			
Account Number:			
Address:			
City:		Postal Code:	
State:		Country:	
Purpose of Transfer:			

Transaction Details / Pārskaitījuma Informācija

Wire Amount:		<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Debit Share Account
Wire Fee:	\$15.00	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Debit Share Account

By signing this Wire Transfer Request I authorize Latvian Credit Union to debit my share account for the amount of this wire transfer and processing fee. The amount of processing fee is subject to change. I acknowledge and am responsible for the additional fees that may be applied to the transfer by the receiving bank or an intermediary bank. I certify that the above information is correct and complete and I cannot hold Latvian Credit Union liable for any incorrect information provided by me.

Customer Signature

Date

For Office Use Only

Wire transfer:	Amount:	Wire Fee:	Transfer Date:	Completed by:
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