

Cabot Boston Credit Union
Two Seaport Lane - Suite 1300
Boston, Ma. 02210-2019
617-342-6154 FAX# 617-342-6123

WIRE TRANSFER REQUEST

Date: _____

Please execute the following wire transfer on my behalf:

Dollar Amount: \$ _____ (U.S. DOLLARS)

To: Bank Name: _____ (Routing & Transit) or SWIFT _____

Bank Address: _____

Purpose of Wire: _____

International Wire Transfer Requirement IBAN (non-US Dollars) _____

Address required for Beneficiary

Receiving Acct. Name: _____ (Beneficiary)

Address of Receiver _____

Receiving Acct. #: _____

Reference or Final Credit _____
(Memorandum to Beneficiary or final credit account information)

CBCU Member Name: _____ CBCU Acct#: _____

Signature **X** _____

(CBCU - Internal Use Only)

Sov/CCUF/Eascorp/FRB Sequence # _____

Posted Member Acct _____

Posted Wire Fee _____ **Credit** _____ **#133 Savings Accounts OR** _____ **#132 Checking Accounts**

1. _____ 2. _____ 3. _____
CBCU Office Staff Signature CBCU Counter Signature Authorized BOD
Fee: \$30.00 fee per wire transfer (Domestic) \$50.00 (International Wires will be from Sovereign Bank)
US Correspondent Bank – Bank of New York