



**WESTERN UNION
TRANSFER INSTRUCTIONS**

\$25.00 for Western Union Transfers

ORIGINATOR INFORMATION

Name _____ \$ _____
Amount of Transfer

Account Number _____ Home Number _____ Work Number _____ Cellular Number _____

Address _____ City _____ State _____ Zip Code _____

Signature _____ Date _____

BENEFICIARY INFORMATION

Name _____

City _____ State _____ Zip Code _____ Country _____

BENEFICIARY IDENTIFICATION

Picture ID Available? YES NO*

Physical Description**: _____
100 Character Maximum

Test Question**: _____ Answer: _____
39 Characters Maximum

***A valid picture ID is required for amounts over \$999.99.**

****Physical Description and Test Question is required if amount is under \$999.99 and no picture ID is available.**

(FOR CREDIT UNION USE ONLY)

<p>Baptist Health South Florida FCU</p> <p>2670-8220-1</p> <p>* Form must be submitted with:</p> <ul style="list-style-type: none"> - Copy of MAIN screen - Copy of Receipt - Copy of OFAC verification 	Amount of wire transfer: _____	Fee: _____	Total charged: _____	
	Teller: _____	Initials: _____	Date: _____	Time: _____
	Setup: _____	Initials: _____	Date: _____	Time: _____
	Confirmation: _____	Initials: _____	Date: _____	Time: _____
	Verification #: _____	Sequence #: _____		