



Unity Bank



Reliance Bank

# Request For International Funds Transfer

## 1 TRANSFER DETAILS:

1/We authorise the Bank to debit my/our Member Number:  Account Type:

Member Name:  Phone Number:

Address:

Amount in words:

**Amount: The International Funds Transfer is to be either:**

A. For the Foreign Amount & Currency Foreign \$:  Currency:

B. For the Foreign Currency equivalent of the Australian Amount AUD\$:  Currency:

C. For the Transfer in Australian Currency AUD\$:

Personal:  Business:  Bank Reference payee's:

Reason for transfer:

What is your relationship / connection with the recipient:

Have you met the recipient in person: Yes  No

Name(s):

Payee's Residential Address (PO Box NOT accepted):

Country:  Postcode:

Bank Name:

Bank Address:

Country:  Postcode:  Account or IBAN Number:

BSB Number:  Routing Number:  SWIFT/BIC:

*\*Please note: \$30 per foreign currency transaction and \$50 per AUD transaction. If sending to the UK or Europe, the recipient bank requests*

## CONFIRMATION:

- Where applicable, fees that may be associated with this Telegraphic Transfer (TT) request and that in sending the TT, Western Union Business Solutions (Australia) Pty Limited uses correspondent, intermediary banks to forward and process the transfer request.
- The correspondent, intermediary and beneficiary banks may impose their own additional fees which may be deducted from the amount received by the nominated Beneficiary.
- The payment is undertaken at my own (sender's) risk and that Western Union Business Solutions and/or their affiliated and/or their agents accept no liability whatsoever for any delay, mistake, misinterpretation of instruction or omission which may occur with this TT.
- I may be required to provide additional information regarding this payment and agree that all information may be passed on by Western Union Business Solutions to third parties as appropriate.

I would like to receive a receipt once the transfer has been sent: Yes  No

If yes, please write down the address the receipt is to be sent to and/or what branch you would like it emailed to:

Members Signature:  Date:

**Branch use only: Members Signature checked and verified and all fields completed correctly:**

Staff Name and Initial:

### Once you have completed this form:

Email: [mail@unitybank.com.au](mailto:mail@unitybank.com.au) | Drop it into a branch | Mail it to PO Box K237 Haymarket NSW 1240

### We are here to help

If you need assistance completing this form, call us on 1300 36 2000, email: [mail@unitybank.com.au](mailto:mail@unitybank.com.au) or drop into your local branch.

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