

# Foreign Currency Request Form

**Important Applicant Information:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

## Remitting Institution

_____	_____	_____
Date	Remitting Institution Name	Account to be Charged
_____	_____	_____
Remitting Institution Street Address	City	State Zip

## Remitting Institution Requestor

_____	_____	_____	_____
Date	Requestor Name (Please Print)	Phone Number (if applicable)	Email Address (if applicable)

## Remitting Institution Delivery Instructions

_____	_____	_____	_____
Mail To	Attention Of	Phone Number (if applicable)	Email Address (if applicable)
_____	_____	_____	_____
Street Address	City	State	Zip

## Currency Information

_____	\$ _____	OR	\$ _____
Currency Type	US dollars to spend		Foreign amount requested

## Ordering Party

_____			
Name			
_____	_____	_____	_____
Ordering Party Street Address	City	State	Zip

## Email or Fax Request Form To:

NCB Correspondent Services  
[correspondent\\_services@ncb.coop](mailto:correspondent_services@ncb.coop)

TEL: (800) 322-1251 x6097  
FAX: (937) 393-9629