

**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 \_\_\_\_\_

## Beneficiary

Name \_\_\_\_\_ Country \_\_\_\_\_  
Beneficiary Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

## Additional Information for Beneficiary (Limit of 35 Characters each line)

\_\_\_\_\_  
\_\_\_\_\_

## Currency Information

Currency Type \_\_\_\_\_ \$ \_\_\_\_\_  
Currency Amount

## Ordering Party

Name \_\_\_\_\_  
Ordering Party Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Email or Fax Request Form To:

NCB Correspondent Services  
correspondent\_services@ncb.coop

TEL: (800) 322-1251 x3497  
FAX: (937) 393-9629