

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

Currency Type _____ \$ _____ US dollars to spend OR \$ _____ 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

TEL: (800) 322-1251 x6097

FAX: (937) 393-9629