



Outgoing Wire Transfer Authorization

Fax completed form to: (201) 871-8046.

To avoid delay in processing your wire transfer request, be sure to complete all required information

Any request received after 11:00AM EST will not be processed until the next business day. UFCU can not control the delivery date of the receiving financial institution.

SENDER INFORMATION (required for all wires) Date of Transfer: _____

UFCU account number _____ Amount of wire: US \$ _____

Name _____

Member's Home/Work # _____ Member's Mobile # _____

RECEIVER BANK INFORMATION (required for all wires)

Receiver's bank name _____

Receiver's bank address _____

Receiver's bank ABA number _____ (Domestic wires only, must be 9 digits)

SWIFT CODE: _____ (International wires only, must be 8-11 alpha numeric characters)

IBAN: _____ (Required for all European Financial Institutions)

BENEFICIARY/RECEIVER INFORMATION (required for all wires)

Beneficiary name _____

Beneficiary bank account # _____

Address _____

State _____ Zip Code _____ Country _____

Other beneficiary information (optional-used for sending a message to the beneficiary, invoice number, tuition payment, etc) _____

I have identified the above financial institution by name and ABA routing number. I have also indicated the Payee's account number. I authorize the Credit Union to transfer funds as described herein and debit my account in the amount transferred, plus applicable charges.

Signature _____ Date: _____

Office Use only
Sender (circle one): MATCH / NO MATCH Receiver (circle one): MATCH / NO MATCH
Process/Verify By: _____ Date: _____
Wire Fee: _____