

International Wire Transfer

*Indicates required fields

Request For Wire Transfer Of Funds

NY TEAM FEDERAL CREDIT UNION
65 Broadway
Hicksville, NY 11801

Phone - (516) 822-1070
Fax- (516) 822-2478



Member's Name _____ Account # To Be Debited _____
Address _____ Phone Number _____
Cell Phone _____ Email _____

International Wiring Information

*Bank's Name _____ *ABA # _____ (9 Digit Number) _____ *Swift Code / IBAN _____

*Bank's Physical Address (No PO Box) _____ Phone Number _____

Further Credit / Beneficiary Bank or CU (If Applicable) _____ Account number _____

Beneficiary/Credit Unions Physical Address (No PO Box) _____ Phone Number _____

*Account Holder's Name To Receive Funds _____ Date of Birth _____

*Account Holder's Physical Address (No PO Box) _____ Phone Number _____

*Account Number _____ What type of account does beneficiary have at the foreign bank ?
 Foreign Currency or US Currency

Additional Wiring Details _____

\$ _____
Amount to be wired _____ Purpose of wire _____

Your signature below authorizes NY TEAM to perform the above transaction. I have read the "Electronic Transfer Agreement" and hereby agree to the terms of this agreement.

Member's Signature _____ Date _____

For Credit Union's Use Only

Date Processed: _____ Members United Verify: _____
Processed by: _____ Note: _____

