



**WIRE TRANSFER FORM**

This form should be used by SEFCU members to request a wire transfer of funds from SEFCU to another financial institution.

SEFCU Member's Name: \_\_\_\_\_ ID Scanned?

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Dollar Amount of Transfer Requested: \_\_\_\_\_ SEFCU Account Number: \_\_\_\_\_

**WIRE TRANSFER INSTRUCTIONS**

Members wishing to wire funds should first contact the financial institution that will receive the funds. That institution will provide the instructions and details necessary to complete this form. Completed forms should be presented at any SEFCU branch or faxed to SEFCU's Accounting Department at 518-452-0768. Please call 518-452-8183 x4250 or 800-727-3328 x4250 prior to faxing your request. For wire requests of \$10,000 or above, the wire form should be presented in person. If that is not possible, signatures on faxed forms for wires of \$10,000 or above must be notarized, however SEFCU reserves the right to request a notarized form in all cases.

**US Processing Bank:** \_\_\_\_\_

*(Name of Financial Institution to receive the funds)*

**US Processing Bank Address:** \_\_\_\_\_

*(Address of Financial Institution listed above)*

**US Processing Bank ABA# (Must be nine digits):** \_\_\_\_\_

**Further Credit Details:** Asterisked items need to be completed only if funds transferred will require additional handling by receiving institution.

**\*Further Credit Account Name:** \_\_\_\_\_

**\*Further Credit Account Number:** \_\_\_\_\_

*(Account or ABA Routing Number or SWIFT or BIC which identifies the institution receiving the funds)*

**Final Credit:** \_\_\_\_\_

*(Full name of person receiving the funds, or beneficiary – No initials please!)*

**Account Number/I-BAN:** \_\_\_\_\_

*(Account Number or I-BAN of person listed above)*

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

*(Address of person receiving the funds, or beneficiary – Physical address please!)*

**Additional Information:** \_\_\_\_\_

*(Any additional information concerning the receiving institution or beneficiary)*

I hereby authorize SEFCU to perform the wire transfer indicated above. I understand that a fee of \$17 (domestic wire) or \$30 (international wire) will be automatically deducted from my account to cover this service.

SEFCU Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SEFCU USE ONLY**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Wire Taken by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Last Tran. Verified: \_\_\_\_\_

SEFCU Account #: \_\_\_\_\_ Suffix: \_\_\_\_\_

**FOR ACCOUNTING USE ONLY**

Fed Line Input By \_\_\_\_\_ Time \_\_\_\_\_ AM/PM Verified/Modified By \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

2nd Verified By \_\_\_\_\_ Time \_\_\_\_\_ AM/PM Released By \_\_\_\_\_ Time \_\_\_\_\_ AM/PM