

Domestic 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 _____

Domestic Wiring Information

Bank's Name _____ **ABA #** _____ (9 Digit Number)

*Bank's Physical Address (No PO Box)

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

Beneficiary/Credit Unions Physical Address (No PO Box)

Account Holder's Name To Receive Funds

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

Account Number

Additional Wiring Details

\$ _____
Amount to be wired

**If wire transfer request exceeds \$2500, We must be able to reach you at the phone we have on file, this will allow us to second verify this request.*

Your signature below authorizes NY TEAM to perform the above transaction. I 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: _____