

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

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: