

# 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: \_\_\_\_\_

