

Sperry Associates Federal Credit Union Wire Out Authorization and Instructions

Faxes Accepted at (516) 873-7628 may require additional information and follow-up

I hereby authorize Sperry Associates Federal Credit Union to wire funds out of my account and to debit my account the current applicable wire out fee. I agree that the Credit Union will not be liable for events not within its control. I understand that I will be liable for providing incorrect wire instructions and/or account numbers if such instructions result in funds being misused by the wrong party. I further understand that all items may settle by routing and transit numbers and/or account numbers regardless of the named bank or beneficiary.

****NOTE: Wires must be received by the 3 pm cutoff time (1 pm for international wires) to be processed the same day.**

Account #/Type to be debited: _____ Wire Amount: _____ Date: _____

Wire Instructions: (Please Print) All areas must be completed

Originator (Person or Business sending the Wire)

Name _____ Date of Birth: _____
Address: _____ **POST OFFICE BOX NOT ACCEPTED**
City: _____ State: _____ Zip: _____ Country: _____
Email: _____ Phone #: _____
Purpose: _____

Beneficiary (Person or Business receiving the Wire)

Name _____ Account # or IBAN if International: _____
Address: _____ **POST OFFICE BOX NOT ACCEPTED**
City: _____ State: _____ Zip: _____ Country: _____
Email: _____ Phone #: _____ Date of Birth: _____

Beneficiary Financial Institution or Bank:

Name: _____
Routing / ABA # (Domestic) or SWIFT/BIC # (International): _____
Address: _____ **POST OFFICE BOX NOT ACCEPTED**
City: _____ State: _____ Zip: _____ Country: _____
Phone #: _____ Branch: _____

Intermediate or Beneficiary Financial Institution (If going thru another Institution):

Name _____ Account #: _____
Address: _____ **POST OFFICE BOX NOT ACCEPTED**
City: _____ State: _____ Zip: _____ Country: _____
Phone #: _____ Branch: _____

Member's Signature: _____ Date/Time _____

Special Instructions/Notes: _____

*****FOR CREDIT UNION USE ONLY*****

Member Signature Verified: _____ Member Debited: _____ OFAC Verified/Printed: _____
If Faxed: Date / Time Member Called & Verified: _____ Information Verified:* _____ Initials: _____
Date / Time Entered: _____ Initials: _____ Confirmation #: _____
Date / Time Verified: _____ Initials: _____ Managers Approval over \$15,000 _____

*examples: Date of Birth, Social Security Number, or Address