

Wire Transfer Authorization Form

Deadline: 4.00 pm ET. Any requests received after the deadline will not be processed until the next business day. Local 804 Federal Credit Union cannot control the delivery date of the receiving financial institution.

Domestic Wire Fees: Please refer to our Fee Schedule

Telephone: (718) 878-4624 Fax: (718) 878-4623 E-mail: info@cu804.org

Mail: Local 804 Credit Union, 34-21 Review Ave, Long

Island City NY 11101

Section 1: Sender Information							
Member's Name (Last, First)	Local 804 FCU Acc		Wi	Wire Amount			
Street Address		Apt #	Ho	me/Work F	Pnone		
City State		Zip	Cel	ell Phone			
Section 2: Receiver's Bank Information (Required for Domestic wires)							
Receiver's Bank Name							
Receiver's Bank Street Address							
City State	!	Zip		Coun	try		
Domestic Wire: Bank's ABA/Routing # (9-digits)							
Section 3: Respondent Bank Information							
Respondent's Bank Name			Respondent's	s Bank Acc	ount Number		
Decree double Deals Chroat Address							
Respondent's Bank Street Address							
City State		Zip		Cor	untry		
Section A. Boneficiany's Information							
Section 4: Beneficiary's Information Beneficiary's Name (Last, First)							
		I					
Beneficiary's Bank Account Number							
Beneficiary's Street Address							
City State		Zip		Coun	itry		
Optional Memo (Example: Invoice number, tuition payment, escrow number, etc)							
Section 5: Authorizing Signature							
I hereby authorize Local 804 FCU to transfer funds out of my account by wire as shown above. Any fees charged by the receiving institution are my responsibility. The Credit Union operates within the guidelines established by the Treasury's Office of Foreign Asset Control (OFAC) imposing economic sanctions against target hostile foreign countries, entities and specially designated individuals. Under penalty of Federal Law, the Credit Union is obligated to block transactions where any party is included on one of OFAC's list of designated persons or entities. I understand that there is a \$30 fee associated with sending a wire (see Fee Schedule) and I agree to promptly pay all charges imposed by the Credit Union in accordance with this request. I agree the funds may be withdrawn from any of my accounts at the Credit Union when the wire is sent. The Credit Union's cut off time for sending domestic wires out the same day is 4:00 pm E.T. Wires are transmitted Monday – Friday excluding holidays. The Credit Union reserves the right to employ verification methods (e.g., telephonic call-back) prior to processing any wire transfer request in order to ensure its authenticity. I understand the processing of my wire transfer request may be delayed or rejected, without liability to the Credit Union, for circumstances beyond the Credit Union's reasonable control. Local 804 FCU does not guarantee that the receiving entity/party will post the funds for same-business-day credit. The Credit Union will exercise ordinary care in the selection of its processing agents and correspondents. Local 804 FCU assumes no responsibility for any loss occurrence by errors, omissions or delays caused by any processing agent or correspondent, or for any cause beyond its control. I agree to indemnify and hold Local 804 FCU harmless from and against any loss, claim, damage or liability arising out of or resulting from any action taken by Local 804 FCU in reliance upon instruction provided by me on this Letter of Authorization that Local 804 FCU in go							
Member's Signature Today's Date Identification Document Type (State ID/Driver License, or Passport) For Local 804 FCU Office Use Only - OFAC Check							
Received By: (Name/Teller #, Branch/Operations Support)	804 FCU O	TTICE Use Only - OFAC	Sender Info	n '	☐ Match	☐ No Match	
Verified By: (Name/Teller #, EFT)			Receiver In		☐ Match	☐ No Match	
Debited By: (Name/Teller #, EFT)			Respondent		☐ Match	☐ No Match	□ N/A
Sent By: (Name/Teller #, Branch/EFT)			Beneficiary	1	☐ Match	☐ No Match	