Application for Wire Transfer



Member Information:			D. Box 1071 Poughkeepsi 5.463.3011 hvcu.org	ie, NY 12602-1071
Member Name:	Contact Phone:			Ext:
Member Account Number:	Share ID:			
Street Address:	City:		ST:	ZIP:
Transaction Information:				
Wire Amt*:	DOMESTIC Transaction (Transaction Fee: \$25.00)		ATIONAL Tran ion Fee: \$50.00)	
Destination Information (Always compl		dit information.))	
Destination Name:				
Destination City/ST:	ABA Nu Swift N			
For destinations in Europe ONLY: IBAN:			BIC:	
Recipient Information:				
Recipient's Name:				
Recipient's	Recipient's			
Street Address:	Account N	umber:		
	Proc	cessing Bank ABA:	:	
Additional Information:	* If amount is over \$10,000., the reason for wir	e transfer is required		
Reason for Wire Transfer:				
Additional Instructions:				
Member Authorization: I authorize Hudson Valley Credit Union to increased funds transfer security requirement beneficiary bank's routing number and the beneficiary do not match. In the event that arone business day. Do you acknowledge received	ts, your transactions may not be processed in eneficiary's account number, even if the name additional verification is required, our Paymon	immediately. A wire ne provided for the ent Services departs	re may settle bas beneficiary ban	ed on the k and/or
Member's Sign	nature:			
Pleas	e FAX completed Wire Trans	sfer Applicat	ion to (845) 463-3613
Credit Union Use Only:				
ID Verified (ALL MUST be checked):	MMN, SSN, DOB, and Name & Address	Transaction Dat	te:	
Application Received By: (Op#)	Account Debited By: (Op#)	Supervisor A	Approval: (Op#))
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