

**SELF RELIANCE (NY) FEDERAL CREDIT UNION
MEMBER WIRE TRANSFER REQUEST**

Wire Transfer Originator Information

Sender Name (First, Last) *		Street Address *	
<input type="text"/>		<input type="text"/>	
City *	State *	Zip Code *	Country *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account # *	Daytime Phone *		
<input type="text"/>	<input type="text"/>		

Wire Transfer Information

Wire Amount *	Wire Type *	Currency Type *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Recipient Account Information

Recipient's Name (First, Last) *	Business (If Applicable)	Account / IBAN # *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address *			
<input type="text"/>			
City *	State *	Zip Code *	Country *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purpose of Wire Transfer *			
<input type="text"/>			

Beneficiary Bank (The bank to which the member funds are being wired)

Bank Name *	SWIFT / BIC Code *	National ID *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address *			
<input type="text"/>			
City *	State *	Zip Code *	Country *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch *	Branch Info *		
<input type="text"/>	<input type="text"/>		

Correspondent Bank (If Applicable)

Bank Name	Account #	SWIFT / BIC Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		

I hereby authorize Self Reliance (NY) Federal Credit Union to process this wire and debit my account in the amount wired, plus applicable charges. I also certify that the above information is correct. Self Reliance (NY) FCU is not responsible for additional fees or service charges imposed by the recipient's financial institution and / or their correspondents in the United States or abroad.

Member Signature *