

Wire Transfer Form

All wire requests for domestic transfers MUST be received before 3:00pm EST or they will not be sent out until the following business day. This form can be scanned and emailed to gnfcu@GreaterNiagaraFCU.com or faxed to 716-297-6074.

Member Information Date of Request: _____ Sending Member's Name (Originator): ______ GNFCU Account Number (To Charge): ______ Member Address: _____ City: _____ State: ____ Zip: ____ Daytime Phone Number: (_____) ____ - ____ Fax: (_____) ____ - ____ Member Authorization Member's Signature Date **Wire Transfer Instructions** Wire Amount: \$_____ Intermediary Institution: _____ Intermediary Routing And Transit Number: ______ Receiving Institution: Address:_____ City:______ State: _____ Zip: _____ Routing and Transit Number: _____ Account Name (Beneficiary): ______ Address: _____ City:_____ State: ____ Zip: _____ Account Number: _____ Special Instructions: ______ To Be Completed By Greater Niagara FCU Request Received on__/__ by: _____ In Person / Fax / Email / Mail Verification Information: Code or Password Photo ID Number: _____ Notarized (If not an in person request): Yes / No (If No, then wire must be rejected) Call Back Verification (If not an in person request): Yes / No (If No, then wire must be rejected) OFAC Checked For Both Parties: Yes / No Completed by: ______ Funds Collected by: _____ on __/__/ Fee Collected by: _____ on __/__/__ Wire Initiated by: _____ Date: ___/__ Time: _____

Wire Verified by: _____ Date: __/__ Time: _____