

An educated choice

DOMESTIC OUTGOING WIRE TRANSFER FORM

Please print all information.

Date		
Sender Name		
Address		
Phone	Cell	
CREDIT UNION ACCT #		
AMOUNT OF WIRE \$		
RECEIVING FINANCIAL INSTITU	JTION	
ABA/ROUTING #		
Name		
Address		
RECEIVING PERSON		
ACCOUNT #		
Name		
Address		
Anything to reference?		
SIGNATURE OF SENDER		

You may identify the payee or any financial institution by name and by account number (or IBAN/ ABA routing number). The Tobacco Valley Teachers Federal Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. You authorize the Tobacco Valley Teachers Federal Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. Funds/wire transfers may be governed under Regulation E or the Uniform Commercial Code (UCC), Article 4A, dependent upon the nature of the transaction. If a wire transfer is cleared through the Federal Reserve, the transaction will also be governed by Regulation J.

SIGNATURE OF SENDER





860-253-4780

800-749-8305

860-253-4785

182 South Road

Enfield, CT 06082

www.tvtfcu.org

\$20.00 FEE FOR A DOMESTIC WIRE

Rev. 6/24