



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 INSTITUTION

ABA/ROUTING # _____

Name _____

Address _____

RECEIVING PERSON

ACCOUNT # _____

Name _____

Address _____

Anything to reference? _____

IN ADDITION TO THIS FORM YOU MUST SUBMIT A DRIVER'S LICENSE OR GOVERNMENT ISSUED ID TO VERIFY YOUR IDENTITY. YOU CAN SEND A COPY TO US BY EMAIL: MSR@TVTFCU.ORG, BY FAX: 860-253-4785, OR BY MAIL.

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

\$20.00 FEE FOR A DOMESTIC WIRE

Rev. 2/25

P 860-253-4780
P 800-749-8305
F 860-253-4785

182 South Road
Enfield, CT 06082

www.tvtfcu.org

