

The value you need. The service you deserve.

Outgoing Wire Transfer Authorization Form

Deadline: 3:00pm EST. Any request received after the deadline will not be processed until the next business day. Hartford Federal Credit Union cannot control the delivery date of the receiving financial institution. **Domestic and International Wire Fees:** Please refer to our Fee Schedule.

Telephone: (860) 527-6663 Fax: (860) 527-2297 E-mail: memberservice@hartfordfcu.com Mail: 964 Asylum Ave, Hartford, CT 06105

Section 1: Sender Information										
Member's Name (Last, First)	HFCU Acco		Account	ount Number		Suffix	Wire Amount		Currency	
Street Address	1		Apt #	Apt #		Primary Phone				
City	State		9	Zip			Email			
Purpose of Wire										
Section 2: Receiver's Bank Information (Required for Domestic and International)										
Receiver's Bank Name										
Receiver's Bank Street Address										
City			State			Zip		Country		
Domestic Wire: Bank's ABA/Routing # (9-digets)International				tional Wire: BIC/Swift Code (8-11 characters)						
Section 3: Intermediary Bank Information (International wires, if applicable)										
Intermediary's Bank Name					Intermediary's Bank Account Number					
Intermediary's Bank Street Address										
City			State			Zip		Country		
Section 4: Beneficiary's Information										
Beneficiary's Name (Last, First)				Be	Beneficiary's Bank Account Number					
IBAN (if applicable)										
Beneficiary's Street Address										
City			State			Zip		Country		
Optional Memo										
Section 5: Authorizing Signature										
Originating member acknowledges receipt of notice that Hartford Federal Credit Union, all intermediary banks, and beneficiary's bank are entitled to rely on the beneficiary's account number and any bank identifying number (routing and transit number) as stated in the payment order as received even if the number and name given for the beneficiary refer to different persons or banks. Originator (member) is warned to verify all account numbers and bank numbers with extraordinary care.										
Member's Signature				Date			Fee Amou	nt		
Credit Union Use Only										
Method of ID					Date of Wire					
Wire Received By	Wire Initiated By					Wire Confi	rmed By			