

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: Debtor (Originator) Information									
Member's Name (Last, First)			Account Number			Suffix	Wire Am	ount	Currency
Street Address	I			Apt #			Primary Phone		I
City	State		9	Zip			Email		
Purpose of Wire									
Section 2: Creditor's Agent Information (Required for Domestic and International)									
Agent's Bank Name									
Agent's Bank Street Address									
City			State			Zip		Country	
Domestic Wire: Bank's ABA/Routing # (9-digits) Internationa				ional Wi	l 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: Creditor (Beneficiary) Information									
Creditor's Name (Last, First)				Cre	Creditor's Bank Account Number				
IBAN (for international wires, if applicable)									
Creditor's Street Address									
City			State			Zip		Country	
Optional Memo									
Section 5: Authorizing Signature									
Debtor (originating member) acknowledges receipt of notice that Hartford Federal Credit Union, all intermediary banks, and creditor's bank are entitled to rely on the creditor'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 creditor refer to different persons or banks. Debtor (originating 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		