## **KENMORE NY TEACHERS FEDERAL CREDIT UNION** 2265 Sheridan Dr.

2265 Sheridan Dr. Buffalo, NY 14223-1531 (716) 877-1630

## **Fund/Wire Transfer Request**

			Member No:					
<b>IMPORTANT INFORMATION</b> - This of document will also support consumer i				nternational transfers. This				
One-Time Transfer Recurring	g Transfer	unds/Wire Transfer Agreement						
	ORIGI	NATOR/PAYER INFORMATION						
City, State, Zip:			Co	ountry Code:				
Account No:	Day Phone No:							
Transfer Amount: \$ Special Payment Instructions:	Purpose of Transfer:							
	DENE	EICLA DV/DAVEE INFORMATION						
Name:		FICIARY/PAYEE INFORMATION						
			Co	ountry Code:				
Account No or IRAN:		Currency Type:						
Special Identifier of Beneficiary: SSN:	TIN:	ID No:						
BENEFICIARY/PAYEE FINANCIAL INSTITUTION INFORMATION								
Name of Financial Institution:Address:								
City, State, Zip:			Co	untry Code:				
ABA Routing Transit No:  Special Routing Instructions:	Swift/BIC Code:	Branch Information: _						
	INTERMEDIARY	FINANCIAL INSTITUTION INFOR	DMATION					
Name of Financial Institution:			RIVIATION					
Address:								
			0-	tm Co.do.				
City, State, Zip: ABA Routing Transit No:	Swift/BIC Code:	Branch Information:	Co	ountry Code:				
Special Routing Instructions:								
		AUTHORIZATION						
You authorize the Credit Union to transfer funds as described herein and debit your account for the amount of the fund/wire transfer plus applicable charges. You may identify the beneficiary/payee or any financial institution by name and by account number or other appropriate identifier. The Credit Union (and other financial institutions) may rely on the account or other identifying number you provide as the proper identification, even if it identifies a different party or financial institution. Fund/wire transfers may be governed under Regulation E or Article 4A of the Uniform Commercial Code depending on the nature of the transaction. If a wire transfer is cleared through the Federal Reserve, the transaction will also be governed by Regulation J.  Account Owner/Authorized Person Signature  Date								
X								
		CREDIT UNION USE ONLY						
Member Confirming Request:		ID Used:						
Date/Time of Request:	Amount of F		Transfer:					
Transaction/Control No: OFAC Verification By:	Processed E	Ву:						
Special Instructions:								
Security Method Used:	Dat	e and Time:						
Processed By:			0 111 1 151 11					
Callback Details   Performed By:	of Secure Phone No:		Callback Phone No:					
11 /	or occure i none no.	Cano	el Date:					
Processed By:								

## KENMORE NY TEACHERS FEDERAL CREDIT UNION

2265 Sheridan Dr. Buffalo, NY 14223-1531 (716) 877-1630

## **Fund/Wire Transfer Request**

				Member No:				
<b>IMPORTANT INFORMATION</b> - This of document will also support consumer in				ic transfers, and	business international transfers. This			
One-Time Transfer Recurring	g Transfer 🔲 Subje	ct to Funds/Wire	e Transfer Agreement					
ORIGINATOR/PAYER INFORMATION								
Name:								
Address:								
City, State, Zip:					Country Code:			
Account No:	Day Phone No:							
Account No:Transfer Amount: \$	Purpose of Transfer:							
Special Payment Instructions:								
BENEFICIARY/PAYEE INFORMATION								
Name:								
Address:								
City, State, Zip:					Country Code:			
Account No or IBAN:			Currency Type:					
Special Identifier of Beneficiary: SSN:		TIN:	ID No:					
Account No or IBAN: Currency Type:  Special Identifier of Beneficiary: SSN: TIN: ID No:  BENEFICIARY/PAYEE FINANCIAL INSTITUTION INFORMATION								
Name of Financial Institution:								
Name of Financial Institution: Address:								
ridareos.								
City, State, Zip:					Country Code:			
ABA Routing Transit No:	Swift/BIC Code:		Branch Information:					
Special Routing Instructions:								
INTERMEDIARY FINANCIAL INSTITUTION INFORMATION								
Name of Financial Institution:								
Address:								
0.1. 0.1. 7.					Country Code:			
ABA Routing Transit No:	Swift/BIC Code:		Branch Information:					
Special Routing Instructions:			·					
		AUTH	ORIZATION					
You authorize the Credit Union to tran You may identify the beneficiary/payer financial institutions) may rely on the a institution. Fund/wire transfers may be a wire transfer is cleared through the F	e or any financial instit ccount or other identify governed under Regul	tution by name a ying number you lation E or Artick	and by account number or other provide as the proper identified 4A of the Uniform Commerce.	her appropriate i fication, even if it cial Code depend	dentifier. The Credit Union (and other identifies a different party or financial			

Date

Account Owner/Authorized Person Signature

X