



Wire Transfer Form

All wire requests for domestic transfers MUST be received before 3:00pm EST or they will not be sent out until the following business day. This form can be scanned and emailed to gnfcu@GreaterNiagaraFCU.com or faxed to 716-297-6074.

Member Information

Date of Request: _____
 Sending Member's Name (Originator): _____
 GNFCU Account Number (To Charge): _____
 Member Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone Number: (____) _____ - _____ Fax: (____) _____ - _____

Member Authorization

 Member's Signature Date

Wire Transfer Instructions

Wire Amount: \$ _____
 Intermediary Institution: _____
 Intermediary Routing And Transit Number: _____
 Receiving Institution: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Routing and Transit Number: _____
 Account Name (Beneficiary): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Account Number: _____
 Special Instructions: _____

To Be Completed By Greater Niagara FCU

Request Received on ___/___/___ by: _____ In Person / Fax / Email / Mail
 Verification Information: Code or Password Photo ID Number: _____
 Notarized (If not an in person request): Yes / No (If No, then wire must be rejected)
 Call Back Verification (If not an in person request): Yes / No (If No, then wire must be rejected)
 OFAC Checked For Both Parties: Yes / No Completed by: _____
 Funds Collected by: _____ on ___/___/___ Fee Collected by: _____ on ___/___/___
 Wire Initiated by: _____ Date: ___/___/___ Time: _____
 Wire Verified by: _____ Date: ___/___/___ Time: _____