## **WIRE TRANSFER**



Complete this form to initiate a wire of funds from a Harvard FCU account. Once complete, use one of these options to deliver this form to the Credit Union. When submitting, please include copies of 2 valid photo IDs.

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Fax to 617.812.8401

**INTERNAL USE ONLY** 

Reference Information

ID Type #1
ID Type #2

Date

OFAC: Yes

- Mail to P.O. Box 382609, Cambridge, MA 02238-2609
- Visit any Harvard FCU branch (harvardfcu.org/locations)

Wire Amount \$	
Sender Name	
Sender Address	
Member Number	
Source of Funds (check one)	
Savings Account	
Checking Account	
Money Market Account	
Beneficiary Information	
Beneficiary Name	
Beneficiary Address	
Beneficiary Account #	
DOMESTIC - Beneficiary Acco	unt Information (\$18.00 wire fee)
Beneficiary Bank	
Bank Address	
Bank ABA/Routing #	
International - Beneficiary Ad	count Information (\$35.00 wire fee)
U.S. Correspondent Bank	ABA#
U.S. Correspondent Bank Address	
Beneficiary Bank	
Swift Code	Bank Code
Beneficiary Bank Address	
Wire Purpose	
Sender Signature	Date
	rson at one of our locations, you will be contacted by a Harvard FCU representative before the wire transfer will

Received By

**OFAC By** 

No