

NJ Gateway Federal Credit Union
Outgoing Wire Instructions

Member's signature is required *before* processing.
Fax to (732) 329-8624

Member Account # and Type _____
Name _____
Address _____
City, State and Zip _____

Member Signature _____
Date _____

By signing this form you agree that the instructions you have provided are correct. You may have identified the payee or any financial institution by name and account number (or ABA routing number). The credit union and other institutions rely on the identifying numbers as the proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize the credit union to transfer funds as described below and to deduct from your account the amount transferred plus applicable charges, without recourse.

Wire to Bank: _____
Bank Name _____
Street Address, City, State, Country _____

ABA Number: _____
9 digits

Amount: _____
United States Dollars

For Credit: _____
Name and Address of Account Holder

Account Number: _____
Required Information

For Further Credit: _____
Name and Address of Account Holder

Account Number: _____
Required Information

Attention: _____
Specific Name, ID or Special Instructions

For Office Use Only
Confirmed Member Signature to Account Card _____

Confirmed Member Identification _____ Confirm parties are not on OFAC list _____

Call Back Phone # _____ Teller ID for Call Back Confirmation _____

Date _____ Time _____ Confirmation # _____

Initiating Teller ID _____ Confirming Teller ID _____