

ST. VINCENT'S MEDICAL CENTER FEDERAL CREDIT UNION
OUTGOING WIRE INSTRUCTIONS

I authorize St. Vincent's Medical Center Federal Credit Union to process the following wire from my account on my behalf:

Bank Information:

Bank Name _____

Bank ABA # _____

Bank Address _____

Country** _____

Member Information:

Name _____

Contact Phone # _____

Address _____

Account # _____

Dollar Amount (US) _____ Foreign Amount _____ Type _____

Wire Fee: Domestic Wire - \$20.00

International Wire - \$40.00

Further Credit:

Bank Name _____

Bank Address _____

Bank ABA # _____

Swift/BIC Code** _____

National ID** _____

Final Credit:

Beneficiary Name _____

Beneficiary Account # _____

Beneficiary Address _____

Beneficiary Date of Birth** _____

Purpose of Wire** _____

Member Signature

Date

****Denotes for International Wires only**

Fax to : (475) 210-5855

Revised - August, 2017