

Seaport Federal Credit Union

1-800-526-6991

Fax: 908-558-6482

Wire Transfer Form

Date _____ Time _____

***Member Name** _____

***Account #** _____

***Physical Address** _____
(No P.O. Boxes)

***Signature** _____

***Bank Name** _____

***Bank Address** _____

***Bank ABA #** _____

Further Fin. Inst. _____

Account # _____

***Beneficiary** _____

***Beneficiary Address** _____

***Account #** _____

***Amount** _____

Account Type **Checking** _____ **Savings** _____

****Required Information***

Credit Union Use Only:

MSR Verification _____

Date/Time _____

Corp/Entered By _____

Authorization # _____