



1000 Corporate Drive  
 PO Box 9003  
 Westbury, New York 11590-9003

### Outgoing Wire Transfer Authorization

Important for all faxed wire requests: If all these requirements are not met, you must appear in person to process your wire request.

- You must provide a copy of your current driver's license,
- The phone number given on this form must match existing Credit Union account information and be on file for the past 30 days as the wire facilitator must be able to utilize the phone number to validate personal profile information.
- We must receive both the signed Transfer Authorization and initialed Disclosure page.

**Submit to the Wire Team:**  
**Fax: (516) 243-7977 OR Email: WireTransferEfax@joviafinancial.com**

**Fields marked with an asterisk \* are Required**

#### Originators Profile Information

Savings or Checking Account Number: *		Member Number:	
Exact Amount to be wired: *			
In Figures:		In Words:	
<b>Note:</b> The <b>wire transfer fee</b> for all outgoing wires will be charged to the same account. <i>Please ensure enough funds to cover the wire plus the fee are in your account.</i> How much will your wire cost? Please refer to the fee schedule at <a href="http://joviafinancial.com">joviafinancial.com</a> .			
Member's Full Name *		Business Name (if applicable)	
Member's Address *	City *	State *	ZIP *
Telephone number (MUST match profile & be on file for 30 days if verification call back is necessary) *			

#### Receiving Institution Information

Receiving Bank/Institution Name: *			
Address of Receiving Bank	City	State	ZIP
Routing number (Domestic) or Swift Code (Required for International) *			
BIC/IBAN # (Required for International wires only)		<input type="checkbox"/> I elect to receive required disclosures and receipts electronically	
Name of Beneficiary or Business (Recipient of funds): *		Business Contact Name (if applicable):	
Beneficiary's complete address *	City *	State *	ZIP * Country *
Account Number where funds are being sent: *		Beneficiary Phone Number:	
For Further Credit:		Execution Date:	
Intermediary Financial Institution Name:			
Intermediary Financial Institution Routing #:		Intermediary Financial Institution Account #:	
Purpose of Wire Transfer: *			

**CONTINUED ON NEXT PAGE**

**Wires to Foreign Institutions may take a longer period of time.  
Wire requests received after 4:00 pm (for domestic) & 3:00 pm (for international) will not be processed until the following business day.**

I have read and fully agree to the terms and conditions of the Jovia Financial Credit Union's wire transfer rules, regulations and agreement disclosure, which follow this request form.

Member's Signature: *	Date: *	Member's E-mail Address: *
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**Disclosures**

I hereby authorize Jovia Financial Credit Union to withdraw funds as specified above from my account, and perform the instructions as requested and consented to on the "Wire Transfer Form".

I understand I am fully responsible for the accuracy of the information presented. Jovia Financial Credit Union cannot reverse wire transfer once initiated and the member will be held liable for the transaction. If the information is missing or inaccurate, this may cause a delay in processing your wire.

The total amount of the wire to be sent must be available from a transactional account. If the total funds including the fee are not available, this may delay the processing of the wire.

**For international wires only:** You may cancel the wire request for a full refund within 30 minutes after you submit your wire transfer form. If you think there is an error, wish to cancel this wire request, or have any questions we can assist with please contact us immediately at **516-561-0030 at extensions 2219 or 2142.**

Foreign funds can be expected to arrive at the beneficiary bank within ten business days from the date the wire is initiated.

**For all wires:** Jovia Financial Credit Union shall not be held liable for any errors, omissions, delays or defaults not attributable to its own negligence in initiating the wire transfer. Jovia Financial Credit Union is furthermore not liable for any special, indirect, exemplary or consequential damages of any kind. The member assumes full responsibility and hold harmless Jovia Financial Credit Union for any and all payments made or any other actions taken by Jovia Financial Credit Union in reliance upon the signatures, including facsimiles, of any person(s) designated regardless of whether the use of facsimile signature is unlawful or unauthorized and agrees to indemnify Jovia Financial Credit Union against any and all claims, losses, and damages suffered or incurred by Jovia Financial Credit Union resulting from any such wire payments. Jovia Financial Credit Union has the right to suspend or cancel any wire transfer that needs further research due to suspect of Fraud or for any other research that must be performed to finalize the processing of the transaction.

My initials below indicate that I have read and understood the disclosure presented above.

Member Initials: *	Date: *
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For any questions or concerns about Jovia Financial Credit Union:  
Consumer Financial Protection Bureau  
1-855-411-2372 or 1-855729-2372  
[www.consumerfinance.gov](http://www.consumerfinance.gov)

<b>Branch verification completed</b>		
<input type="checkbox"/> In Person (note ID number, type & expiration date)	<input type="checkbox"/> via Facsimile	<input type="checkbox"/> via previous recurring agreement Recurring Number:
Teller name:	Teller number:	
Supervisor signature:		
Email to Wire Department completed:	Date and time wire completed:	
<b>For Wire Department Use Only</b>		
Employee completing wire transfer:	Date and time completed	
Comments:		