



Houston Texas Fire Fighters Federal Credit Union

OUTGOING WIRE REQUEST

DATE _____ TIME _____
 MEMBER NAME _____ TDL # _____
 MEMBER'S ADDRESS _____ CITY _____ STATE _____
 MEMBER ACCOUNT # _____ ZIP CODE _____
 WIRE AMOUNT \$ _____ DAYTIME PHONE # (____) _____ WIRE FEE \$ 10.00

RECEIVER BANK NAME _____
 RECEIVER BANK CITY/STATE _____
 RECEIVER BANK ROUTING/ABA # _____
 BENEFICIARY ACCOUNT # _____
 BENEFICIARY NAME _____
 BENEFICIARY ADDRESS _____

ORIGINATOR TO BENEFICIARY INFORMATION: (Special instructions or final credit to information)

BANK TO BANK INFORMATION _____

I have verified the above stated wire information which I provided to the Credit Union and have found it to be correct and accurate.

MEMBER SIGNATURE _____ DATE _____

****FOR ACCOUNTING USE ONLY****

WIRE REQUEST ACCOUNTING CALL CENTER TELLERS
 RECEIVED BY: (Check One)

Employee Initials / Tlr # PHONE OTHER FAX

ACCOUNT DEBITED BY: _____ CALL BACK MADE BY/
 SPOKE TO: _____ SIGNATURE VERIFIED
 BY: _____

Employee Initials / Tlr # WIRE CODE: _____ Employee Initials / Tlr # Employee Initials / Tlr #
 (WD/WO)

TYPE CODE: 1000	FUNCTION CODE: CTR	ENTERED BY _____
ORIGINATOR ID CODE D	BENEFICIARY ID CODE D	REF # _____
RECORDED INSTRUCTIONS:		
TAPE # _____	TAPE COUNT _____ - _____	VERIFIED BY _____