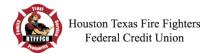
## **Outgoing Wire Request Form**

Member Name:	State / DL #:				
City:	State:ZIP:				
Account #:	Withdraw from: SAV#	CKG #	MM#		
Wire Amount: \$	Wire Fee: \$Contact pho	ne #:			
Purpose of wire ( <b>Required</b> ):					
	RECEIVING FINANCIAL INSTITUTION				
Receiving Bank Name:	Receiving Bank City/State	e:	(Required)		
Receiving Bank Routing Number	er ABA:				
Recipient Name:	Account #:				
Additional Wire Information Sp	ecial instructions or final credit information:				
TO BE COMPI	LETED BY EMPLOYEE RECEIVING WIRI	E INSTRUCTION	NS		
TO BE COMPI	LETED BY EMPLOYEE RECEIVING WIRI  ☐ Fax ☐ Phone (cannot exceed 2500.00)	E INSTRUCTION  ☐ Secure eMail	NS ☐ DocuSign		
TO BE COMPI Check one: □ Walk-in □ Wire requested by:	LETED BY EMPLOYEE RECEIVING WIRI	E INSTRUCTION  ☐ Secure eMail by:	NS ☐ DocuSign		
TO BE COMP  Check one:   Walk-in  Wire requested by:  Emplo	LETED BY EMPLOYEE RECEIVING WIRI  ☐ Fax ☐ Phone (cannot exceed 2500.00)  Signature verified by the second s	EINSTRUCTION  Secure eMail  by:  Employee Ini	NS ☐ DocuSign		
TO BE COMP  Check one:   Walk-in  Wire requested by:  Emplo	LETED BY EMPLOYEE RECEIVING WIRI  ☐ Fax ☐ Phone (cannot exceed 2500.00)  Signature verified by the second s	EINSTRUCTION  Secure eMail  by:  Employee Ini  Account 1	DocuSign ☐ DocuSign  itials & Teller #		
TO BE COMP Check one:	LETED BY EMPLOYEE RECEIVING WIRI  ☐ Fax ☐ Phone (cannot exceed 2500.00)  Signature verified  ayee Initials & Teller #  Call Back / Spoke to:	EINSTRUCTION  Secure eMail  by:  Employee Ini  Account 1  Employee I	DocuSign  Titals & Teller #  Debited by:  Initials & Teller #		
TO BE COMP  Check one:	TETED BY EMPLOYEE RECEIVING WIRD  ☐ Fax ☐ Phone (cannot exceed 2500.00)  ☐ Signature verified by the element of the element o	EINSTRUCTION  Secure eMail  by:  Employee Ini  Account 1  Employee I	DocuSign  Titals & Teller #  Debited by:  Initials & Teller #		
TO BE COMP  Check one:	LETED BY EMPLOYEE RECEIVING WIRI  ☐ Fax ☐ Phone (cannot exceed 2500.00)  Signature verified by the second s	EINSTRUCTION  Secure eMail  by:  Employee Ini  Account 1  Employee I	DocuSign  Titals & Teller #  Debited by:  Initials & Teller #		



## **Outgoing Wire Request (cont...)**

(1) <u>Wire Transfer.</u> I, the person or entity described as "Member," request Houston Texas Fire Fighters Federal Credit Union ("Credit Union"), to make the wire transfer described above. I agree that the following security procedures will be used to verify the wire transfer order:

Consumer and Sole Proprietorship: If I am a natural person, to verify the order, I must satisfy the Credit Union's "funds availability and identification guidelines." For wires over \$10,000, The Credit Union may also require that my signature be notarized below. (The notarization requires personal knowledge by the notary public or satisfactory proof of identity.)

- (2) Reliance on Account Number. I am aware that The Credit Union will not verify the information given with regard to where to send the wire transfer. The account numbers will be used even if they differ from the name. ACCOUNT NUMBERS WILL SUPERSEDE the name of the beneficiary or the name of the beneficiary's bank. If your payment order identifies an intermediate financial institution, beneficiary financial institution, or beneficiary by name and number, we and every receiving or beneficiary financial institution may rely upon the identifying NUMBER rather than the name to make payment, even if the number identifies an intermediate financial institution, person or account different than the financial institution or beneficiary identified by name. Neither we nor any receiving or beneficiary financial institution have any responsibility to determine whether the name and identifying number refer to the same financial institution or person on the form. If the Credit Union, at our option, agree to look up for me the beneficiary bank's identification or routing number ("ABA" number), The Credit Union will (as an accommodation to me) read back to me that number and the beneficiary's bank name and the address of the headquarters of the beneficiary bank. I will then be responsible for the accuracy of this routing number. I assume the risk that this number is not current.
- (3) <u>Fee</u>. The Credit Union's outgoing wire transfer fee currently is \$20.00 per transfer for domestic wires. This fee is still charged even if the wire rejects at the other end and is returned. A separate fee may be requested to send the wire again.
- (4) <u>Same Day Not Guaranteed</u>. The Credit Union, does not guarantee that the funds transfer will be completed on the same day even if I place the order before The Credit Union's 3:00 P.M. cut-off time.
- (5) Finality. I understand that once The Credit Union executes the payment order, I cannot stop or cancel the payment order.
- (6) <u>Use of Correspondent Accounts</u>. The transfer of funds may be affected through any one, or a series of correspondent banks of thebeneficiary's bank, and by the Credit Union in a manner deemed most appropriate and effective by the Credit Union or by any other bank participating in the funds transfers.
- (7) <u>Liability</u>. Credit Union will exercise reasonable care in making the requested funds transfer. <u>In no event</u> will the Credit Union be liable for any consequential damages except where required by law. Member further agrees that the Credit Union shall <u>not</u> be liable for any error, delay, or default on the part of Credit Union or any agent used by Credit Union in the execution of any transfer or related act except to the extent such liability is required by law and to the extent such liability cannot legally be varied or waived by agreement. Member agrees that the liability of Credit Union is waived to the maximum extent allowed by law.

(8) I have carefully	reviewed all informa	ition set forth on t	he face of this form a	is completed, and	agree that it
accurately reflects t	the transaction I desi	red.			

Member's Signature:	Date:
STATE OF	_
COUNTY OF	<u> </u>
Before me	, a notary public, on this day personally appeared
, known	to me to be the person whose name is subscribed to the
foregoing instrument and acknowledged to me that he	e/ she executed the same for the purpose and consideration
therein expressed. Given under my hand and seal of o	ffice this,,
Notary Signature:	My commission expires:

