

Outgoing Wire Request Form

Please print clearly and provide all information specified on the form.

Fax to: (713) 880-4136 / **Cutoff: 3:00 PM**

Date: _____ Time: _____

Member Name: _____ State / DL #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Account #: _____ Withdraw from: SAV# _____ CKG # _____ MM# _____

Wire Amount: \$ _____ Wire Fee: \$ _____ Contact phone #: _____

Purpose of wire (**Required**): _____

RECEIVING FINANCIAL INSTITUTION

Receiving Bank Name: _____ Receiving Bank City/State: _____ (**Required**)

Receiving Bank Routing Number ABA: _____

Recipient Name: _____ Account #: _____

Recipient Address (**Required**): Building Number, Street Name, City, ST, Postal Code _____

Additional Wire Information Special instructions or final credit information:

TO BE COMPLETED BY EMPLOYEE RECEIVING WIRE INSTRUCTIONS

Check one: ☐ Walk-in ☐ Fax ☐ Phone (cannot exceed 2500.00) ☐ Secure eMail ☐ DocuSign

Wire requested by: _____ Signature verified by: _____

Employee Initials & Teller #

Employee Initials & Teller #

☐ OFAC Search Complete

Call Back / Spoke to:

Account Debited by:

Employee Initials & Teller #

Employee Initials & Teller #

Employee Initials & Teller #

Queued Wire SEQ # _____ OFAC Passed by: _____ Verified by: _____ Released by: _____

(Sender Reference #): _____

RECORDED INSTRUCTIONS

Date: _____ Start time: _____ Recorded by: _____ Extension #: _____



Houston Texas Fire Fighters
Federal Credit Union

Revised 7/2025

Outgoing Wire Request (cont...)

(1) Wire Transfer. 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) Fee. 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) Same Day Not Guaranteed. 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) Use of Correspondent Accounts. The transfer of funds may be affected through any one, or a series of correspondent banks of the beneficiary’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) Liability. Credit Union will exercise reasonable care in making the requested funds transfer. In no event will the Credit Union be liable for any consequential damages except where required by law. Member further agrees that the Credit Union shall not 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 information set forth on the face of this form as completed, and agree that it accurately reflects the transaction I desired.

Member’s Signature: _____ Date: _____

STATE OF _____

COUNTY OF _____

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/ she executed the same for the purpose and consideration therein expressed. Given under my hand and seal of office this _____ day of _____, _____.

Notary Signature: _____ My commission expires: _____

