

Western Union Wire Request & Authorization Form

This form must be presented in person at an HOTFCU branch location or faxed to your preferred branch location to be processed. If not presented in person, please be advised that we will perform a call back verification using the phone numbers on file. We cannot use phone numbers not presently on file, or numbers changed in the last 30 days. It is your responsibility to confirm our receipt of your faxed wire request by calling the branch which it was forwarded to. Also be advised, there is a \$25 Western Union wire fee which is deducted from your account at the time your wire request is processed. NOTE: (*) indicates required information

*Member Name:		*To	tal Funds to b	e Wired: \$	
*Phone No(s):		*Email: _			_
*Address:					_
*Account No:	*Fron	n: 🗆 Savings 🗀	Checking	☐ Other :	_
Purpose of Wire:					_
PLEASE PI	RINT VERY CLEA	RLY – ERRORS W	ILL DELAY F	PROCESSING	
*Name of Receiver:					
*Address:		*City:		*State:	
*Driver's License No:		_ *State Issued: _		*Exp. Date:	
*Pick Up Location (City & State):	Code Word (Optional):				
Note: The below information is require	d if your wire req	uest is in the amo	unt of \$1,000	or more:	
*Social Security No:	al Security No: *D.O.B:				
*Occupation:					
Additional instructions:					_
Dusing below Louthering Heart O' Toyon F	adaral Cradit Union	to transfer funda as d	acceile ad harain	Lundaratand that my account will be deb	_ :tod in
By signing below, I authorize Heart O' Texas F the amount transferred, plus applicable fee(s) Credit Union from any liability that may result, a	In the event that t	he information provide	ed is incomplet	e or incorrect, I release Heart O' Texas Fe	
The payee or any Financial Institution may be imay rely on the account or other identifying nucleared through the Federal Reserve, Regulation business day. Wires received on or after 3pm	mbers as the prope on J governs the tra	r identification, even if nsaction. Please be a	it identifies a d advised, wires	ifferent party or institution. If the wire tran	sfer is
*Member Signature:			· · · · · · · · · · · · · · · · · · ·	Date:	
For Office Use Only:					
Branch: In person reque	st: ID Type:		_ No:	Exp.:	
Faxed/Scanned: Time Received	Call Back	Completed: Time _		Caller's Initials:	
OFAC Verified: Date	Time:	Results:	Positive	Negative	
Authentication Details:					
Wire Submitted by:		Time:		Date:	