



Bank Wire Password Form

I _____ agree to use my best efforts to commit my bank wire password to memory. I agree that I will be the only one to use my bank wire password and I further agree that I will not divulge, give, or make available my password to any other person and/or parties either directly or indirectly with the exception of authorized Credit Union 1 employees. Release of my bank wire password to any person and/or parties either directly or indirectly with the exception of authorized Credit Union 1 employees will result in immediate revocation of all of my bank wire privileges. All bank wire transactions made using my bank wire password will be deemed to have been made and authorized by me. I will be responsible for any loss and/or damages incurred as a result of any negligent use of my funds transfer password, including but not limited to divulging, giving, or making available my bank wire password to any other person and/or parties either directly or indirectly with the exception of authorized Credit Union 1 employees. I further agree that I will not use my bank wire password for any illegal transactions.

By signing below, I agree to make and be bound by the terms and conditions of the above bank wire password agreement.

Signatures:

X _____
Member Date

X _____
Notary Date

Account Number _____

Date _____

Member Name _____

Password _____

Daytime phone number _____

Work _____

Drivers License number _____
(attach copy of picture id)

Email address _____

TO

Institution _____

Telegraph Name _____

ABA# _____

City/State _____

Further Credit to _____

Swift Code _____

Address _____

Final Credit to _____

Account _____

Address _____