

Request Type

| | | | | | |
|--------------------|---|---------------|--|--------------|--|
| Authorization Type | <input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Cancellation | Member Number | | Request Date | |
|--------------------|---|---------------|--|--------------|--|

Member Information

| | | | |
|-----------------|--|---------|--|
| Member Name | | Address | |
| Primary Phone # | | Email | |

Accounts Subject to this Agreement

The following authorized accounts are governed by this Agreement.

| | | | | | |
|------------------|--|------------------|--|------------------|--|
| Account Number 1 | | Account Number 2 | | Account Number 3 | |
|------------------|--|------------------|--|------------------|--|

Security Measures

The following security measures shall be used by the Credit Union for the purpose of verifying all wire order requests. The Credit Union will use the security measures provided below.

Call Back Procedure: When we received your wire order request, we will confirm the wire order by calling any of the contact persons authorized to verify transfers at the telephone number listed below.

| | | | |
|------------------|--|-----------------|--|
| Contact Person 1 | | Primary Phone # | |
| Contact Person 2 | | Primary Phone # | |

When verifying and authorizing a wire order you must give the Credit Union your password, which is:

Password: _____

Phrase to Recall Password: _____ (in the event you forget, this is what we will provide you to help you remember your Password)

Other Security Measure (Optional): _____

Agreement

This Funds/Wire Transfer Agreement ("Agreement") governs the procedures and responsibilities concerning wire order initiated by the Account Owner through the credit union named in this Agreement. **DEFINITIONS:** In this Agreement, the words, "you", "us", and "yours", mean the Account Owner that signs this Agreement. The words "we", "us", and "our" mean the credit union that signs this Agreement. The word "Account" means any account or accounts designated on this Agreement. The terms used in the Agreement have the meaning given to them in Article 4A of the Uniform Commercial Code.

ACCOUNT OWNER LIABILITY: You agree to be bound by any wire order, whether or not authorized, issued in your name accepted by us in compliance with the security procedures chosen by you in this Agreement. **CHANGES TO AGREEMENT:** The security procedures and other terms of this Agreement may be changed only by amendment to this Agreement or by executing a new Agreement. This Agreement may not be changed by an oral agreement or by a course of dealing or custom. **SECURITY PROCEDURES:** We will follow the security agreement procedures identified in this Agreement. We may contact you for additional verification as needed. You agree that these procedures are commercially reasonable methods of verifying wire orders and other electronic funds transfers. **UNIFORM COMMERCIAL CODE ARTICLE 4A:** Any electronic funds transfers that we permit that are subject to Article 4A of the Uniform Commercial Code will be subject to the provisions of this Agreement and where the main office of the credit union is located. **WIRE ORDERS:** This is not the document that authorizes a wire order or other electronic funds transfers. We may require you to complete a separate document at the time of each wire order. **NOTICE:** Notice to any Account Owner is considered notice to all Account Owners.

Authorizations

You authorize the following persons to submit wire orders in your name. The credit union may rely on any actual or facsimile signature that reasonably resembles the signature of the Authorized Person provided below until notified in writing of a change.

| | | |
|---------------------------------------|----------------------------------|--------------------|
| _____ Authorized Person #1 (Print) | _____ Primary Member Title | _____ Signature |
| _____ Authorized Person #2 (Print) | _____ Title | _____ Signature |

Authorizations

By signing below the parties agree to all the terms and conditions of this Agreement and acknowledge receipt of a copy.

| | | |
|--|----------------------------------|--------------------|
| _____ Account Owner Name (Print) | _____ Primary Member Title | _____ Signature |
| _____ Credit Union 1 Representative (Print) | _____ Title | _____ Signature |

Notary Acknowledgement

Notary **REQUIRED** if form is not completed and signed in front of a Credit Union 1 authorized employee.

State of _____

County of _____

Signed and sworn to (or affirmed) before me on _____ by _____
Date (MM/DD/YYYY) Name(s) of person(s) making statement

(Notary Stamp)

X _____
Signature of Notarial Officer

| | | | | |
|-----------------------|---------------|-------------------|--------|----------|
| Office Use Only | | | | |
| | _____ | ID Authentication | _____ | on _____ |
| | Employee Name | | Result | Date |