## FUND/WIRE TRANSFER AGREEMENT

From time to time you may desire to initiate a fund transfer from authorized accounts held at the Credit Union. These fund transfers requests are called payment orders in this Agreement. This Agreement governs all payment orders you give us.  MEMBER NO:			
MEMBER IDENTITY INFORMATION			
Member/Owner:	Day Phone No:		
Mailing Address:	City/State/2	Zip:	
ACCOUNTS SUBJECT TO THIS AGREEMENT			
The following authorized accounts are governed by this Agreement:	0.55		0.55
Suffix	Suffix	Money Market	Suffix
Share/Savings: Share Draft/Checking:  Other: Other:		Money Market:	
Other:		Other:	
The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed. If this Agreement applies to more than one account of the same type, more than one suffix will be listed for that account type.			
SECURITY MEASURES			
The following security measures shall be used by the Credit Union for the purpose of verifying all payment order requests. The Credit Union will use the security measures checked below.			
Call Back Procedure - When we receive your payment order request, we will confirm the payment order by calling any of the contact persons authorized to verify transfers at the telephone number listed below:			
authorized to verify transfers at the telephone number listed below:			
Contact Person #1:	Day Phone No:		
Contact Person #2:	Day Phone No:		
Contact Person #3: Day Phone No:			
Password - When verifying and authorizing a payment order you must give us your password which is:			
Other Security Measures:			
LIMITATIONS ON PAYMENT ORDERS			
You authorize the following checked limitations and criteria to be applicable to each transaction covered by this Agreement. The Credit Union will use the limitations checked below to process the fund/wire transfer.			
Frequency: You will make up to payment orders per	Other:		
Amounts: The maximum amount of any payment order is \$			
The minimum amount of any payment order is \$			
AUTHORIZATIONS			
You authorize the following persons to submit payment orders in your name unless and until you notify the Credit Union in writing of a change. As permitted by applicable state law, the Credit Union may rely on any actual or facsimile signature that reasonably resembles the signature of the Authorized Person provided below and will be entitled to honor and charge you for all such payment orders. You agree to assume liability for these transactions to the extent permitted under applicable state law.			
Authorized Person #1 (print)  Title (if applicable)  Authorized Person Signature			
Authorized Person #1 (print)  Authorized Person signature			
Authorized Person #2 (print)  Title (If applicable)  Authorized Person Signature			
	Y		
Authorized Person #3 (print)  Title (if applicable)  Authorized Person Signature			
X			
Authorized Person #4 (print) Title (if applicable) Authorized Person Signature			
AGREEMENT			
mean the Account Owner that signs this Agreement. The word "account in 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 payment 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	rocedures are cor rders and other fur NIFORM COMME re permit that are ode will be subj rovisions of the fur here the main off AYMENT ORDERS der or other fur sparate document	nt or by a course of dealing or custom DURES: We will follow the securied in this Agreement. You agrownercially reasonable methods of vend transfers.  RCIAL CODE ARTICLE 4A: Any funce subject to Article 4A of the Unificent to the provisions of this Agreed to the Credit Union is located. This is not the document that authon did transfers. We may require you at the time of each payment order.	d transfers that orm Commercial ement and the d by the state rizes a payment to complete a
SIGNATURES			
By signing below the parties agree to all the terms and conditions of this Agreement and acknowledge receipt of a copy.			
X			
Account Owner (print)  Title (if applicable)  Signature  Date			
Credit Union Representative (print)  Title (if applicable)	<b>X</b> Signature		Date