

Account # _____ Name _____ SS# _____

WIRE TRANSFER AUTHORIZATION FORM

SECURITY PROCEDURES

Personal ID Number (PIN)

Personal Identification Number (PIN) _____ (Must be at least 8 characters in length.)

OR

Callback Password _____

Upon receiving a transfer request, the CU shall telephone the Member at the following phone numbers to receive final verification by requesting the current "password" or "PIN".

Callback Telephone Numbers

Home _____
Office _____
Cell _____

The Callback Telephone Numbers must meet one of the following requirements:

1. Was provided by Member or Member's authorized representative at the time the account was opened.
2. Was provided after the account was opened, in person by the Member or Members authorized representative who was physically present on Credit Union premises and provided valid non-expired state issued photo identification.
3. Was provided in a signed, written funds transfer agreement with the Member or the Member's authorized representative.
4. Was a replacement telephone number for the account provided that the Credit Union confirmed the legitimacy of the change through direct contact with the Member or Member's authorized representative at the previous telephone number on record.
5. Was obtained by the Credit Union from a public or private telephone directory that lists the Member's number.
6. Was a replacement telephone number for the Member or the Member's authorized representative that the Credit Union received at least 30 days prior to the receipt of the wire transfer instructions.

Security Questions. Please select and mark two of the five questions that you wish to be your security questions and answer only those two questions. These questions will only be used if you forget the PIN or Password.

What is the name of your childhood best friend? _____
What is the name of your favorite teacher? _____
What is your favorite hobby? _____
What is your favorite food? _____
What is your favorite film? _____

Wire request must be received before 2:00 p.m. and in time to complete the requested security procedure. Transfer requests received after these times will be treated as being received on, and may be executed on, the following funds transfer business day. Times may vary at the Credit Union's discretion. If the member cannot be verified by the methods provided, the wire must be requested in writing (in person or by fax) for signature verification.

Account # _____ Name _____ SS# _____

AUTHORIZATION

The member represents and warrants that the accounts listed below are owned entirely by the within-named Member, and are hereby authorized to be charged as instructed by the Member for wire transfers and related fees:

_____ # _____ # _____
_____ # _____ # _____

If an account number is changed a new wire transfer agreement must be signed.

The member understands that the joint signers of these accounts have equal rights to services and that these rights remain in effect until they are removed from the account. The member is responsible for sharing their PIN or Password necessary for the transaction.

NAME _____

Signature _____

Notary (A Credit Union Representative must witness the Member signature or a notary is required)

On this day the _____ of _____, _____, personally appeared before me, _____ proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged that he (she) executed the same.

Notary Public _____

State of _____

Commission expires _____

<p>Credit Union Use Only Employee _____ Branch _____ Date: _____ Accounting Received Date: _____ Employee Name: _____</p>
