



## WIRE TRANSFER AGREEMENT

From time to time you may request to wire funds from your Credit Union accounts. This Agreement governs all wire transfers you request. A separate Wire Transfer Agreement is required for each account holder or authorized signer. Wire transfer requests will not be processed without a completed Wire Transfer Agreement on file.

MEMBER INFORMATION		
Member's or Authorized User's Name:	Primary Phone Number:	
Account Number:	Secondary Phone Number:	
Address:	City:	State/Zip:
SECURITY MEASURES		
The following security measures shall be used by the Credit Union for the purpose of verifying all wire transfer requests received via fax. The Credit Union will use the security measures checked below.		
<input type="checkbox"/> Call Back Procedure: <b>Required</b> - When we receive your wire transfer request, we will confirm the wire transfer request by calling any of the contact persons authorized to verify transfers at the telephone number(s) listed below (must be a signer on account listed above). In the event you are unable to be reached at one of the telephone numbers listed below, we will use the telephone number(s) on file.		
Primary Phone Number:	Secondary Phone Number:	
<input type="checkbox"/> Password: <b>Required</b> - When verifying and authorizing a wire transfer request you must provide your password:		
AGREEMENT		
<input type="checkbox"/> I have received the Membership and Account Agreement and acknowledge the information regarding Electronic Funds Transfers included in Section 10 of the Membership and Account Agreement.		
SIGNATURE		
By signing below, I agree to the terms and conditions of this Agreement and acknowledge receipt of a copy. I agree to the terms of Educational Systems FCU's authentication process and find it to be commercially reasonable. I understand that I will be liable for wire transfer requests made in my name using this authentication process. I will keep these security procedures confidential and will not disclose them to anyone unless I have authorized that person to make transfers on my behalf. I understand that a separate document is required at the time of each wire request.		
Member's Signature:	Date:	
This document must be notarized if not signed in the presence of a Credit Union Representative.		
Subscribed and Sworn to me on this _____ day of _____, 20_____		
_____ (Seal) Notary Public My Commission Expires:		
Credit Union Representative (print): Teller Number:	Employee's Signature:	Date:
Call Back Processed By (if received by mail):	Date and Time of Call Back:	Telephone Number Used for Call Back:
Source of Call Back Phone Number: <input type="checkbox"/> Wire Transfer Agreement <input type="checkbox"/> Core System <input type="checkbox"/> Other: _____		