

WIRE TRANSFER REQUEST FORM

Wires not faxed to a branch must be faxed to Finance Department at 571-527-2359
Same day transfer must be received by Finance Department before 4:00 pm

Date _____ Wire Amount \$ _____

Receiving Financial Institution Information

ABA/Routing _____ Telegraphic Name _____

Financial Institution Name _____

Financial Institution Address _____

Originator Information

Account # _____ Account Type _____ Phone # _____

Member Name _____ Member ID _____

Member Address _____

Beneficiary Information

Beneficiary Account # _____

Beneficiary Name _____

Beneficiary Address _____

If Corresponding Institution Used

Final Credit To _____

Account # _____

Final Beneficiary Address _____

Special Instructions

Remitter Authorization

The undersigned authorizes the Credit Union to initiate the transfer of funds and charge the account indicated. The Credit Union is released from all responsibility, obligation and/or costs associated with other financial institution's actions, fees, or failure to deliver funds.

I hereby accept and understand that any fees, charges, or commissions leveled by correspondent banks with respect to this transaction are the responsibility of the Remitter, the Beneficiary, or both. In addition, I acknowledge and agree that this Authorization is subject to the terms and conditions stated on the reverse side of this form.

Member Signature _____ Date _____

For Credit Union Use Only

Request Taken By _____ Teller # _____ Time _____

Supervisor/VP Approval _____ Printed Name _____

WIRE TRANSFER AGREEMENT FORM

From time to time you may desire to initiate funds transfer from authorized accounts held at the credit union. These funds transfer requests are called payment orders in this Agreement. This Agreement governs all payment orders you give us.

Member Identity Information

Member/Owner: _____ Member No: _____
Mailing Address: _____

Accounts Subject to this Agreement

The following authorized accounts are governed by this Agreement:

- | | | | | | |
|--|---------|---|---------|---------------------------------------|---------|
| <input type="checkbox"/> Share/Savings | Suffix* | <input type="checkbox"/> Share Draft/Checking | Suffix* | <input type="checkbox"/> Money Market | Suffix* |
| <input type="checkbox"/> Other _____ | _____ | <input type="checkbox"/> Other _____ | _____ | <input type="checkbox"/> Other _____ | _____ |

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed above. If this Agreement applies to more than one account of the same type, more than one suffix will be listed for that account type.

Securities 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:
Contact Person: _____
Phone No: _____ Alternative 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 funds/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 \$ _____

Agreement

This Funds Transfer Agreement ("Agreement") governs the procedures and responsibilities concerning payment orders 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 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 this Agreement may be changed only by amendment to this Agreement or by executing a new Agreement. The

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. You agree that these procedures are commercially reasonable methods of verifying payment 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 the provisions of the Uniform Commercial Code as enacted by the state where the main office of the credit union is located.

PAYMENT ORDERS: This is not the document that authorizes a payment order or other electronic funds transfers. We may require you to complete a separate document at the time of each payment order.

NOTICE: Notice to any Account Owner is considered notice to all Account Owners.

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

Account Owner (print)	Title (if applicable)	X	Date
Credit Union Representative (print)	Title (if applicable)	X	Date

WIRE TRANSFER VERIFICATION TASK LIST

The first four sections of this document must be completed by the employee processing the Wire Transfer Request. Along with the information provided on this form, an account history must be sent to the Finance Department. Such history will be sufficient enough to show the funds being debited from the member's account, as well as be able to identify the original source of the funds being wired (direct deposit, wire transfer, check deposit, etc.)

Wire Transfer Request Received:

In Person

By Fax

By Telephone

By Mail

Funds Debited

Funds Debited By: _____

Fee Amount \$ _____ Fee Waived - Reason: _____

Member Signature (if not requested in person, signature card must be checked)

Member Signature Verified by: _____

OFAC

Member OFAC Verified by: _____

Beneficiary OFAC Verified by: _____

Financial Institution OFAC Verified by: _____

(Copies of verification must be submitted with request)

To be Completed by the Finance Department

Call Back

Done By: _____ Date and Time: _____

Number Used : _____ Source of number: _____

Notes:

Verification

Form Verified

OFAC Verified

Acct Debit Verified

* All wires up to \$100,000 must have manager approval. All wires over \$100,000 must have Vice Presidential/CEO/Risk Management approval.

** Member must have account opened for at least 60 days to be permitted to conduct a wire by fax, telephone, or mail. The member cannot have an address or telephone number change in the last 60 days. The call back number must be associated with the member for at least 60 days.