

## WIRE AUTHORIZATION AGREEMENT

| Date:  | Any new versions of this form will replace prior authorizations. |                                    |                                   |  |  |  |  |  |  |
|--|--|------------------------------------|-----------------------------------|--|--|--|--|--|--|
| From time to time you may desire to initiate funds transfer from authorized accounts held at the credit union. These |  |                                    |                                   |  |  |  |  |  |  |
| funds t  | ransfer requests are called wire orders in                       | this Agreement. This Agreement gov | erns all wire orders you give us. |  |  |  |  |  |  |
| MEMBER IDENTITY INFORMATION  |  |                                    |                                   |  |  |  |  |  |  |
| Memb   | er/Owner Name:   | Day Phone Number:                  | Cell Phone Number:                |  |  |  |  |  |  |
|  |  |                                    |                                   |  |  |  |  |  |  |
| Mailin   | g Address:   | City / State / Zip:                | City / State / Zip:               |  |  |  |  |  |  |
|  |  |                                    |                                   |  |  |  |  |  |  |
|  |  |                                    |                                   |  |  |  |  |  |  |

The following authorized accounts are governed by this Agreement.

## Account Number:

## 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 receive your wire order request, we may confirm the wire order by calling you or the joint account holder using the contact information on file at UICCU. You understand that it is your responsibility to keep all contact information with UICCU current including telephone, mobile phone and email address.

If the wire transfer request is made online via UICCU's Digital Banking service, standard security measures will be followed including two factor authentication, unique user id and log-in credentials, and optional alert notifications. By using this method to submit your wire request you agree that these measures are a reasonable method of authenticating your identity and the validity of the wire order request. UICCU may also elect to contact you to provide further confirmation if applicable.

## AGREEMENT

This Funds/Wire Transfer Agreement ("Agreement") governs the procedures and responsibilities concerning wire 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 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 understand you are required to keep your contact information with us current including phone and email address. You agree that these procedures are commercially reasonable methods of verifying wire orders and other electronic funds transfers.

**UNIFORM COMMERICAL 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  |  |                                   |  |  |  |  |  |  |  |
|---|--|-----------------------------------|--|--|--|--|--|--|--|
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| Only the primary member/owner and any joint account owner may submit wire requests on behalf of this account.<br>The credit union may rely on any actual or facsimile signature that reasonably resembles the signature of the<br>primary or joint account owner until notified in writing of a change. |  |                                   |  |  |  |  |  |  |  |
|   |  |                                   |  |  |  |  |  |  |  |
| You agree to be bound by all wire orders requested by any joint account holder without additional notification to you.  |  |                                   |  |  |  |  |  |  |  |
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|   | SIGNATURES                                 |                                   |  |  |  |  |  |  |  |
| By signing below the parties agree to a   | all the terms and conditions of this Agree | ment and acknowledge receipt of a |  |  |  |  |  |  |  |
| сору.   |  |                                   |  |  |  |  |  |  |  |
|   |  | x                                 |  |  |  |  |  |  |  |
| Account Owner Name (print)  |  | Signature                         |  |  |  |  |  |  |  |
|   |  | x                                 |  |  |  |  |  |  |  |
| UICCU Representative (print)  | Title (if applicable)                      | Signature                         |  |  |  |  |  |  |  |
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| FOR INTERNAL USE ONLY |        |    |                   |    |                                   |  |  |  |
|-----------------------|--------|----|-------------------|----|-----------------------------------|--|--|--|
| ID Authentication     |        | on |                   | bv |                                   |  |  |  |
|                       | Result |    | Date (MM/DD/YYYY) | ~, | Name of UICCU Authorized Employee |  |  |  |