

RECURRING WIRE TRANSFER AGREEMENT

Use this form to expedite wire transfers to the same recipient on an ongoing basis. There is a \$25 fee for domestic wires and \$75 fee for international wires.



Directions

1. Fill out the following authorization completely. **Unsigned requests cannot be processed.**
2. If you have any questions, please contact our Accounting Department.

This Agreement is made between _____ and Columbus Metro Federal Credit Union (hereinafter known as the "Credit Union.")

The Member wishes to initiate Recurring Wire Transfers Entries pursuant to the terms of this Agreement.

- 1. Authorization** - Member grants Credit Union the authority to accept and complete any wire transfer request(s) to withdraw funds from Member account(s) according to the terms and conditions of this Agreement. This authorization is granted for wire transfer transactions requested via Email, Fax and Phone requests provided appropriate password is provided.
- 2. Limitations** - Wire transfers of \$5,000.00 or higher are to be made in person at one of our branch locations. You will be required to present a valid photo ID. The Credit Union will make a photocopy of the ID and attach with the wire request.
- 3. Authorized Initiators** - The following individuals are permitted to initiate the wire transfers using the method(s) indicated above:

AUTHORIZED INDIVIDUAL(S)	ACCT # AUTHORIZATION	PASSWORD
_____	_____	_____
_____	_____	_____

- 4. Safekeeping of Initiator's Passwords** - Member understands and acknowledges that Member and/or authorized individual must protect the password held by the individual authorized initiator of wire transfers. The Credit Union shall not be responsible for Member's acts or omissions, including, without limitation, the amount, accuracy, timeliness of transmittal or due authorization of any wire transfer received from the Member or for acts or omissions of any other person.
- 5. Changes to Wire Transfer Agreement** - This authorization and Agreement may only be changed by a written agreement signed by an authorized representative of the Credit Union and the accountholder(s).
- 6. Credit Union Obligations** - In a timely manner the Credit Union will process wire transfers received from the Member, which will comply with the terms of this Agreement.
- 7. Acknowledgement** - Member has read and understands that this form authorizes Credit Union to honor wire transfers initiated ONLY in accordance with the security features detailed above. If the above criteria are not met, Member acknowledges tha Credit Union may refuse the transaction for Member's protection. Member acknowledges and agrees that the above detailed security procedures are a commercially reasonable method of providing security against unauthorized payment orders. Member agrees that Member shall be responsible for any payment order accepted by the Credit Union in good faith and processed in accordance with the security features detailed above.

Authorized Member

Signature _____
Printed Name _____
Date _____

Columbus Metro Federal Credit Union

Signature _____
Title _____
Date _____

Mailing Address
Columbus Metro FCU
P.O. Box 13240
Columbus, OH 43213-0240

Contact Us
By Phone 614.239.0210 or 800.986.3876
By Fax 614.239.0988
Online www.columbusmetro.org