

11770 University Blvd Sugar Land, Texas 77478 281-921-8500 • Fax: 281-921-8550 www.nizaricu.org

Fund/Wire Transfer Agreement

From time to time you may desire to initiate a fund transfer from authorized accounts held at the Credit Union. These fund transfers requests are called payment orders in this Agreement. This Agreement governs all payment orders you give us.	
MEMBER IDENTITY INFORMATION	
Member/Owner:	Day Phone No:
Mailing Address:	City/State/Zip:
ACCOUNTS SUBJECT TO THIS AGREEMENT	
The following authorized accounts are governed by this Agreement: Suffix	Suffix Suffix
Share/Savings: Share Draft/Che	cking:
The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed. If this Agreement applies to more than one account of the same type, more than one suffix will be listed for that account type.	
SECURITY	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 the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons authorized to verify the payment order by calling any of the contact persons are payment order by calling any of the contact persons are payment order by calling any of the contact persons are payment order by calling any of the contact persons are payment order by calling any of the contact persons are payment order by calling any of the contact persons are payment order by calling any of the contact persons are payment order by calling any order by	
Contact Person #1:	Day Phone No:
Contact Person #2:	Day Phone No:
Contact Person #3:	Day 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 limitations checked below to process the fund/wire transfer.	to each transaction covered by this Agreement. The Credit Union will use the
Frequency: You will make up to payment orders per	U Other:
Amounts: The maximum amount of any payment order is \$ The minimum amount of any payment order is \$	
AUTHORIZATIONS	
You authorize the following persons to submit payment orders in your name unless and until you notify the Credit Union in writing of a change. As permitted by applicable state law, the Credit Union may rely on any actual or facsimile signature that reasonably resembles the signature of the Authorized Person provided below and will be entitled to honor and charge you for all such payment orders. You agree to assume liability for these transactions to the extent permitted under applicable state law.	
Authorized Person Signature	Authorized Person Signature
X	X
Authorized Person #1 (print) Title (if applicable)	Authorized Person #2 (print) Title (if applicable)
Authorized Person Signature	Authorized Person Signature
$ \ \mathbf{x} \ $	X
Authorized Person #3 (print)	Authorized Person #4 (print)
Title (if applicable)	Title (if applicable)
AGREEMENT	
This Fund/Wire Transfer Agreement ("Agreement") governs the procedures	agreement or by a course of dealing or custom.
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," "your," 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	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 fund transfers. UNIFORM COMMERCIAL CODE ARTICLE 4A: Any fund transfers that we permit that are subject to Article 4A of the Uniform Commercial Code will be
Agreement have the meaning given to them in Article 4A of the Uniform Commercial Code.	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.
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.	PAYMENT ORDERS: This is not the document that authorizes a payment order or other fund transfers. We may require you to complete a separate document at the time of each payment order.
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	NOTICE: Notice to any Account Owner is considered notice to all Account Owners.
SIGNATURES Pu gigning below the parties agree to all the terms and conditions of this Agreement and colonial agree and conditions of this Agreement and colonial agree and conditions of the Agreement and colonial agree and conditions of the Agreement and colonial agree and conditions of the Agreement and colonial agree agree as a little terms and conditions of this Agreement and colonial agree agree agree agree agree agree agree agree agree and conditions of this Agreement and colonial agree a	
By signing below the parties agree to all the terms and conditions of this Agreen	
Account Owner Signature Date	Credit Union Representative Signature Date
X	X
Account Owner (print) Title (if applicable)	Credit Union Representative (print) Title (if applicable)