stcu

Business Wire Transfer Authorization

This Business Wire Transfer Authorization is between the **undersigned member** and **Spokane Teachers Credit Union (STCU)** and provides terms and conditions to process wire transfers. This authorization governs all domestic wire transfers initiated by the member from his/her account.

Member/Owner information

Name:	Member #:	Date:
Mailing address: street, city, state & zip		

Wire limitations

A member can limit the maximum dollar amount for a single, daily, weekly, or monthly wire transfer. The criteria set forth by the member will be used to process wire requests, however STCU reserves the right to impose a lower wire amount.

- ❑ The maximum amount of any **single** wire transfer is $ _____
- ❑ The maximum **daily** amount of any wire transfer(s) is $ _____
- ❑ The maximum **weekly** amount of any wire transfer(s) is $ _____
- ❑ The maximum **monthly** amount of any wire transfer(s) is $ _____

Security method

Member agrees to use one of the following security methods to conduct wire requests online.

❑ SMS tokens (secure access codes) ❑ Soft tokens ❑ Hard tokens

Authorization

I understand wire transfer capability may be delayed up to 3 business days from STCU's receipt of this authorization. Once wire transfer rights have been set up, STCU is required to verify the authenticity of each wire transfer request *before* funds can be transferred.

I authorize STCU to accept online wire transfer requests in the manner authorized above to execute wire transfers to the named beneficiary, from time to time, in such amounts to be specified in each request. STCU may accept and execute any wire transfer request that includes this security method. I agree this is a commercially reasonable security procedure to verify wire transfer requests, and STCU need not take any further action to verify the authenticity of any request received in this manner. Wire transfers are subject to the terms of this Business Wire Transfer Authorization, Wire Transfer Agreement and Membership Account Agreement, which are incorporated herein by this reference.

I understand when initiating a wire transfer, I may identify either the recipient or any financial institution by name and by account or identifying number. STCU and other institutions may rely on the account or other identifying number I give, even if it does not match the party named in my instructions. Wire transfer requests, changes, and cancellations received after 12 pm Pacific Time will be processed the following business day.

I have read and understand the notice regarding Wire Transfers.

X _____ _____

Signature **Date**

For STCU use only

Employee:	OP #:	Date:	Branch: **124 Badger Mountain**