

COMMUNITY FINANCIAL CREDIT UNION
Wire Password Form

I _____ agree to use my best efforts to commit my wire password to memory. I agree that I will be the only one to use my wire password and I further agree that I will not divulge, give, or make available my password to any other person and/or parties either directly or indirectly with the exception of authorized Community Financial Credit Union employees. Release of my wire password to any person and/or parties either directly or indirectly with the exception of authorized Community Financial Credit Union employees will result in immediate revocation of all of my wire privileges. All wire transactions made using my wire password will be deemed to have been made and authorized by me.

If my password is compromised, I agree to notify Community Financial Credit Union immediately. I will be responsible for any loss and/or damages incurred as a result of any negligent use of my funds transfer password, including but not limited to divulging, giving, or making available my wire password to any other person and/or parties either directly or indirectly with the exception of authorized Community Financial Credit Union employees. I further agree that I will not use my wire password for any illegal transactions.

By signing below, I agree to make and be bound by the terms and conditions of the above wire password agreement.

X _____
Member Signature

X _____
Date

Account Number _____

Member Name _____ Password _____

Daytime phone number _____ Work _____

Identification number _____
(Attach copy of valid state-issued picture identification)

FOR OFFICE USE ONLY:

Signature Verified by: _____

Processed by: _____