



BOND Community Federal Credit Union
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Mailing Address: PO Box 5286, Atlanta, GA 31101
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FUNDS/WIRE TRANSFER AGREEMENT

Member No: _____

From time to time you may desire to initiate funds transfer from authorized accounts held at the credit union. These funds transfer 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:

<input type="checkbox"/> Share/Savings _____	Suffix* _____	<input type="checkbox"/> Share Draft/Checking _____	Suffix* _____	<input type="checkbox"/> Money Market _____	Suffix* _____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed above. 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 transfers at the telephone number listed below:

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 to each transaction covered by this Agreement. The credit union will use the limitations checked below to process the funds/wire transfer.

Frequency: You will make up to _____ payment orders per _____ **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. The credit union may rely on any actual or facsimile signature that reasonably resembles the signature of the Authorized Person provided below until notified in writing of a change.

Authorized Person #1 (print) _____	Title (if applicable) _____	X	Signature _____
Authorized Person #2 (print) _____	Title (if applicable) _____	X	Signature _____
Authorized Person #3 (print) _____	Title (if applicable) _____	X	Signature _____
Authorized Person #4 (print) _____	Title (if applicable) _____	X	Signature _____

AGREEMENT

This Funds Transfer Agreement ("Agreement") governs the procedures 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", "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 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.

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 agreement or by a course of dealing or custom.

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 electronic funds transfers.

UNIFORM COMMERCIAL 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 the provisions of the Uniform Commercial Code as enacted by the state where the main office of the credit union is located.

PAYMENT ORDERS: This is not the document that authorizes a payment order or other electronic funds transfers. We may require you to complete a separate document at the time of each payment order.

NOTICE: Notice to any Account Owner is considered notice to all Account Owners.

SIGNATURES

By signing below the parties agree to all the terms and conditions of this Agreement and acknowledge receipt of a copy.

Account Owner (print) _____	Title (if applicable) _____	X	Signature _____	Date _____
Credit Union Representative (print) _____	Title (if applicable) _____	X	Signature _____	Date _____