## WIRE TRANSFER AUTHORIZATION AGREEMENT

The undersigned individual (s) ('you' or 'your') hereby authorizes Eagle Express Federal Credit Union ('we', 'our' or 'us'), upon your oral request and instruction as to amount, to wire transfer funds from your specified Eagle Express Federal Credit Union account in accordance with the instruction below:

EEFC	U Account Number:	W	ire amount:	
Security Code: Account Ownership:				
Name	of receiving institution:			
ABA Number:		Account Number	:	
Addre	ss of receiving institutio	on:		
City:		State:	_Zip:	
Benefi	ciary's Social Security I	Number/Tax ID:		
Benefi	ciary's Name:			
Benefi	ciary's Address:			
City:		State:	_Zip:	
	may debit your accountransfer fee. The number regulations. We require request. We cannot guarequest in a timely man We may execute wire to Federal Reserve Banks solely on the number you have no actual knowled supply. We have no procedure transfer shall impose no transfer request of any Code you have provide we execute the transfer	t for the amount of the state of wire transfers you re a reasonable amount tarantee that the receiving nner, nor can we guarantee through the funds or other funds transfers ou supply to identify the dige that such identificates for detecting errors could be duty upon us to detect person who purports to detabove, whether or not be detailed.	wire transfer plus the perform may be limed in which to ong bank will actually nate action on any spends transfer system of system. In executing intended beneficial ion is inconsistent when the manitted by you, and the any such errors. We be you and who could be you have in fact autordance with these	ime to time. You agree that we be amount of any applicable mited by applicable laws and carry out your wire transfer y receive and/or act on any becial instructions. Owned and operated by the lag a wire transfer, we may rely may or bank, provided that we ith any other information you down acceptance of a wire we may rely upon the oral wire rrectly identifies the Security thorized the transfer, provided procedures. You agree that
SIGNA	ATURE OF PRIMARY	ACCOUNT HOLDER	DATE	<u> </u>
SIGNA	ATURE OF SECONDA	RY ACCOUNT HOLD	ER DATE	

PHONE NUMBER \_\_\_\_\_