



BAYLOR HEALTH CARE SYSTEM CREDIT UNION

WIRE TRANSFER REQUEST

(BENEFICIARY AND MEMBER INFORMATION IS REQUIRED)

(INCOMPLETE WIRE FORMS WILL NOT BE ACCEPTED)

Routing Transit _____

Sort or Swift (if any) _____

Financial Institution Name _____

Address _____

City and State _____

Beneficiary Account Number _____

Wire Transfer Amount \$ _____

Beneficiary Name _____

Address _____

City and State _____

Member Name _____

Address _____

City and State _____

Member Account Number _____

Purpose of Wire _____

Wire Amount \$ _____

Domestic wire fee \$ 20.00

International wire fee \$ 35.00

Daytime Phone _____

I hereby authorize Baylor Health Care System Credit Union to deduct funds from my account and wire to the beneficiary as listed above.

Signature _____

Date _____

Wire Transfer Agreement

Fedwire Each payment order or cancellation or amendment thereof may be carried out by any bank by use of the funds transfer system of the Federal Reserve Banks (Fedwire). The rights and obligations of BHCDCU with respect to a payment order, any part of which is carried out through the use of Fedwire, will be governed by any applicable laws, by the rules and regulations of the Board of Governors of the Federal Reserve System, and by the bulletins, circular and operating letters of the Federal Reserve Banks.

Funds Transfer Business Day Each day is a business day, except for Saturdays, Sundays, credit union holidays and federal holidays. On any funds transfer business day, if any payment order or incoming funds transfer is received directly by one of our employees on or before 2:30 pm cut-off time for foreign wires or 4:00pm cut-off time for domestic wires, BHCSCU will process the payment order or post incoming funds on the day it was issued or received. If the payment order or incoming funds transfer was received after the cut-off times, BHCSCU in its discretion may treat the payment order or funds transfer as if it was received at the opening of the next funds transfer business day.

Business Members All business members must provide a corporate resolution (or partners/proprietors letter) indicating authorized individuals to wire funds.

Identifying Number Inconsistencies You agree that if (a) your payment order identifies the beneficiary both by a name and by an identifying number of bank account number, and (b) such name and number identify different persons, and (c) the funds transfer is completed by it being accepted by the beneficiary's bank, then (d) execution of the payment order, or payment to the beneficiary, or cancellation of the payment order, may be made or accomplished solely on the basis of the identifying number and without reference to the name.

You further agree that if your payment order identifies any bank both by name and by an identifying number, and the identifying number identifies a person or bank different from the bank identified by name, then BHCSCU and any bank may rely solely on the identifying number, without reference to the name.

BHCSCU will not have any duty to detect errors in name and or number that identify different person, or name and number that identify different banks.

You agree that BHCSCU will have the right to reject an incoming funds transfer in which you are named as beneficiary, if the identifying number in such incoming funds transfer identifies a person other than you or otherwise fails to identify you.

Notification of Funds Transfer BHCSCU will provide notification of funds transfer transactions in the regular monthly statements. BHCSCU will exert its best efforts to mail a receipt notification to members on the transaction day.

Request for Cancellation or Amendment of Payment Orders You will not have any right to cancel or amend any payment orders, nor to cancel or amend any funds transfer, after your payment order has been accepted by BHCSCU. Notwithstanding the foregoing, if you wish to cancel or amend any payment order or outgoing funds transfer, you must immediately notify BHCSCU by telephone and will comply with the applicable security procedures.

If BHCSCU receives a cancellation or amendment request from you prior to execution of the applicable payment order, and if BHCSCU has a reasonable opportunity to cancel or amend the original funds transfer before execution, BHCSCU will exert reasonable efforts to act upon your request. If BHCSCU receives your cancellation or amendment request after execution of the applicable payment order, BHCSCU will initiate a request to the beneficiary's bank and or to other appropriate parties, and such request will attempt to accomplish the cancellation or amendment requested by you.

No such effort by BHCSCU to accomplish a cancellation or amendment (whether prior to or after execution of the applicable payment order) will constitute BHCSCU acceptance of the cancellation or amendment request, nor will BHCSCU under any circumstances have any liability for its attempts to act upon such cancellations or amendment requests.

Required Notice BHCSCU will not be liable for any interest on the amount of any payment order that either was not authorized or was not properly executed, unless you notify BHCSCU in writing that the payment order was not authorized or was not properly executed. Any notice pursuant to the immediate preceding sentence hereof must be actually received by BHCSCU no later than 10 calendar days following your receipt of notification either of BHCSCU's acceptance or execution of the payment order or BHCSCU's debiting of the payment order to an authorized account.

Indemnity You assume full responsibility for all transfers that are executed by BHCSCU in good faith and in accordance with this agreement. You agree that BHCSCU will be conclusively deemed to have discharged its duty to act in good faith if BHCSCU has followed the transfer procedures as set forth in this agreement. You further agree that BHCSCU assumes no responsibility beyond its duty to exercise ordinary care.

You agree to and hereby do indemnify and hold harmless BHCSCU from and against any and all losses, liabilities, claims by third parties, and damages of any kind (including as an example but without limitations reasonable attorney's fees) to which BHCSCU may be subject arising out of or attributed, directly or indirectly, to (a) BHCSCU's handling and execution of payment orders and funds transfers in accordance with the agreement, (b) BHCSCU's selection of an intermediary bank through which to route a funds transfer, (c) BHCSCU's nonaction on a payment order due to a violation of security procedures, (d) any claim by a third party (any claim) alleging that a payment order by BHCSCU contravenes or compromises the rights, title or interest of any third party, or any law, rule, regulation, ordinance, court order or mandate or prohibition with the force or effect of law, unless the claim arises out of BHCSCU's failure to exercise ordinary care, or BHCSCU's failure to act in good faith.

Security Procedures You agree to comply with all security procedures, and also agree to keep confidential all access codes and other information pertaining to the security of your funds transfer agreement. You further agree that BHCSCU may elect not to act upon a payment order if BHCSCU reasonably believes such notification is appropriate in order to protect you and any of the following conditions are in effect: (a) the payment order was not originated in accordance with the security procedures therein, or (b) BHCSCU is unable to obtain proper verification of such payment order (or otherwise) to apply the security procedures. Or (c) BHCSCU believes there is inconsistency between the payment order and the information previously supplied by you.

Definitions Unless otherwise clearly indicated in this agreement, all terms used in this agreement will have the same meaning as in UCC 4A; or as in applicable rules, regulations, bulletins, circulars or operating letters of the Federal Reserve System.

"BHCSCU" means Baylor Health Care System Credit Union

"Account" means your Share Draft, Share, or Christmas Club Account

"UCC 4A" means Chapter 4A (Funds Transfer) of the Texas Uniform Commercial Code, as it may be amended from time to time.

Dated this _____ day of _____, 20_____

Signature _____

Signature _____

Signature _____