

Account & Wire Password

This password will become effective when this signed form is provided (in person) to River City Federal Credit Union. The password will be shared by all account owners. In addition, this password can only be terminated or changed by either account owner, upon providing written notice of cancellation to River City Federal Credit Union.

For use with Wire Transfers:

For security purposes, the password will apply to all future wire transfer requests that are not done in person. I understand that River City Federal Credit Union will contact me at my phone number on file. I also understand the number must be on file at least 30 days prior to the receipt of the wire instruction. In the event I cannot be contacted and the password verified, River City Federal Credit Union will not be held liable for any delays in processing the request. The Wire Password is effective once the form is signed and submitted (in person) to River City Federal Credit Union. I acknowledge and agree the password will be shared by all account owners. In addition, this password can only be terminated or changed by either account owner, upon providing written notice of cancellation to River City Federal Credit Union.

Account Number: _____

Password: _____

Password Hint: _____

Printed Name: _____

Member Signature Date

**Only one account owner is required to sign this form. If one of the owners cannot provide information requested from the credit union to confirm their identity, then the credit union may refuse to release information or deny the transaction.*

FOR CREDIT UNION USE ONLY			
Teller	Date	Branch	