



**Electronic Payment Services (EPS)
Authorized Representative
Designation and Agreement**

Credit Union*: _____ **Account # (R&T):** _____

Additional Account Numbers (if any): _____

* The term "Credit Union" shall be deemed to include and refer to both the credit union and non-credit union WesCorp member on whose behalf this document is executed.

Individual's Name: _____ **Last 4 digits of Social Security #:** ____ _
(This form supersedes any previous authorizations for this individual.) (Used for authorization only)

Action Required (check one):
NEW authorized individual
CHANGE EPS authority levels for above-named individual
DELETE above-named individual from EPS authority

Authority Level Instructions: Check the appropriate box in each section of the authority levels table. If service does not apply to the individual, or the credit union does not use the product, check "No Authority."

Authority Levels	
Wires	Securities Safekeeping
<p>Check one of these: No Wire Authority All Wires (includes Preauthorized, Initiate, and Verify)</p> <hr/> <p>Or, check any combination of these: Preauthorized Wires Initiate Wires (includes 3rd-Party, International, and CU-to-CU) Verify Wires</p>	<p>Check one option below: No Securities Safekeeping Authority All Securities Safekeeping**</p> <p><small>**Check only if you have a signed Securities Safekeeping Agreement on file at WesCorp.</small></p>

Authorized Representative Agreement

I understand that any security codes, devices, instructions and policies provided by WesCorp are for business purposes and are confidential. I will not divulge this information to anyone, and I agree to immediately notify WesCorp of any suspected security breach. I understand that a violation of security can result in my authorization being revoked. Upon termination of employment at Credit Union, I will immediately cease use of any authorized information. It is acknowledged that WesCorp may suspend individual's access in its sole discretion without prior notice due to inactivity, suspected fraud, termination of employment, or other business reasons. Signature constitutes assent and agreement with all terms and conditions stated herein.

Signature **Title/Position** **Telephone** **Ext**
Email: _____

Credit Union Authorization

Credit Union authorizes WesCorp to issue a unique personal identification number (PIN), security software/hardware, User IDs and passwords to the above named individual at the levels and services noted above, and who shall be authorized to give instructions orally or via electronic transmission on behalf of Credit Union to initiate, amend, cancel or verify funds transfers from Credit Union's account as specified in the authority levels section of this document. Credit Union accepts full responsibility for all transactions and/or WAVE user maintenance functions initiated and authorized by the above-named individual. Credit Union acknowledges that WesCorp may suspend individual's access in its sole discretion without prior notice due to inactivity, suspected fraud, termination of employment, or other business reasons. **Authorized signer certifies that he/she has been granted signing authority by a resolution of the board of directors (as evidenced by a Delegation of Signing Authority form on file at WesCorp).**

Authorized Signatory: _____ **Date:** _____

Print Name: _____ **Title:** _____