



WAVE User Maintenance Authority

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 Number: _____
(This form supersedes any previous WAVE authorizations for this individual.) (Used for authorization/verification only)

Action Requested (check one):
NEW (New WAVE Administrator access)
DELETE (Delete WAVE Administrator access.)

User 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 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	Email Address
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Credit Union Authorization: Credit Union authorizes WesCorp to issue a unique personal identification number (PIN), user IDs and passwords to the above named individual for WAVE User Maintenance authority. 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. **Authorized signer certifies that he/she has been granted signing authority by a resolution of the board of directors.**

Authorized Signature	Print Name	Title	Date
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