

BANK OF BLUE VALLEY

WIRE TRANSFER PROCEDURES AGREEMENT

To provide security for your deposits and to comply with Federal Regulatory requirements, the following Bank of Blue Valley (Bank) procedures will apply to the wire transfer of funds from your account:

1. The Bank will honor, execute and charge to your account any request for the wire transfer from an Authorized Representative in accordance with the stipulations set forth by the Authorized Representatives List attached to this agreement.
2. All wire transfer requests must be accompanied by a Confidential Code (established by the Bank). Callbacks, if requested, will be made to a person other than the individual initiating the transfer and will, also, require a Confidential Code.
3. The Bank may elect to record telephone wire transfer requests, all confirmations, and all phone revisions to the Authorized Representatives List.
4. You shall confirm all revisions to the Authorized Representatives list in writing within 5 business days of the request.
5. You will provide notice of the impending wire transfers via one of the following methods:
 - a. Telephone communication request by individual(s) authorized by You in this document. You will contact the Wire Department at the following number:
866-318-2550 (toll free)
 - b. Facsimile communication request, signed by individual(s) authorized by You in this document. You will contact the Wire Department's facsimile at the following telephone number:
866-424-2529 (toll free)
 - c. If You utilize method 5(b) facsimile communication, a call will be made to you to obtain your confidential code. **THIS IS SEPARATE FROM AND IN ADDITION TO OTHER SECURITY PROCEDURES.**
6. The Bank must receive your wire requests no later than 3:00 p.m. central time in order to be processed that business day. All origination requests received after 3:00 p.m. central time will be processed the next business day.
7. You will receive a telephone verification ("callback") of your wire transfer request unless you specifically decline to receive the telephone verification (see Authorized Representatives List). If you choose to decline telephone verification, then You expressly agree to be bound by any

payment order, whether or not authorized, issued in your name and accepted by the Bank in accordance with Section 5 of this document.

8. The Bank reserves the right to refuse processing of transfers drawn upon uncollected or insufficient balances. Notification of non-processing will be made to the Authorized Representative the same business day.
9. You are responsible for the retention of your Confidential Code in a secure place. If at any time you suspect that unauthorized personnel have viewed the Confidential Code, IMMEDIATELY NOTIFY THE WIRE DEPARTMENT AT 866-318-2550.
10. The Bank will exercise reasonable care in providing this service, but in no event will the Bank be liable for any loss to You unless clearly attributable to gross negligence or willful misconduct on the part of the Bank.

This Wire Transfer Procedures Agreement is hereby acknowledged and accepted this _____ day of _____, 20__.

Signature – Bank

Signature - Company

Name

Name

Title

Title

Company

Bank of Blue Valley (Bank) is hereby authorized to accept and verify wire transfer requests from the undersigned customer account(s) by the following authorized individuals.

Customer Name

Customer Address

Account Number(s)

Type (Checking, Savings)

Name (please type or print)	Phone Number	Signature	eMail Address	Initiate by template only (Yes or No)	Verify own request (Yes or No)	Dollar Limits (must be completed; do not use "unlimited" or "N/A")	
						To Initiate Wire	To Verify Wire
						Max. Amount per Wire	Max. Amount per Wire
						Max. Daily Total	Max. Daily Total
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$

Please Check Only One

- Callback **REQUIRED** to an authorized individual to verify wire transfer request. (Verify limits must be completed above)
- Callback **NOT REQUIRED** - by declining callback security procedures You expressly agree to be bound by any payment order issued in your name and accepted by the Bank in accordance with section 5c of the Wire Transfer Procedures Agreement.

The list of Authorized Representatives is hereby incorporated into the Wire Transfer Procedures Agreement between Customer and Bank and supersedes any prior list of Authorized Representatives. This list may be amended only in writing and in accordance with the Wire Transfer Procedures Agreement. If timing necessitates, you may notify the Wire Transfer Department by telephone at 866-318-2550. A confirming letter will be required within FIVE business days of the telephone notification. The Bank will rely on this list as an integral part of the security which it employs.

Date _____
(If the Corporate Resolution of the customer requires two signatures to sign checks or make withdrawals, then two persons with Corporate authority are required to sign this form.)

Name _____
 Title _____
 Signature _____

Name _____
 Title _____
 Signature _____

(Bank Use Only) _____ initialing here Banker confirms verification of authorized customer signature.

WIRE NOTIFICATION OPTIONS

Account Name: _____

Account Number(s): _____

The Bank offers its Customers the option of receiving notification for wire transfer transactions via fax, E-mail, or mail. Please select preferred option below.

Information sent by e-mail is not secure!

The bank will attempt to keep non-public information out of the advice by masking fields normally containing account number information. However, because we cannot control the information as it is received by a sending institution, confidential information may appear in parts of the incoming e-mail advice. By selecting this option and signing below You expressly agree to be liable for any information contained in such advice.

_____ **1. Fax Advice.**

_____ **2. E-mail Advice**

List up to three fax number(s) or three e-mail address(es) to receive advice notifications. Please include the area code for fax numbers.

Check one:

_____ Applies to all advices (incoming & outgoing)

_____ Applies to incoming advices only. Outgoing advices will be mailed.

_____ **3. Mail Advice**

If no option is selected, mail advices are automatic.

If fax or e-mail notification is selected, a mail advice will not be generated. If a mail advice is requested in addition to another option, additional fees may apply.

Signature - Customer

Date

Title