

WIRE TRANSFER AGREEMENT

The client authorizes **Pacific Western Bank** as follows:

1. The client may provide written instructions by facsimile or secure email to the bank for transfer of funds and upon receipt of proper written instructions the Bank will act upon them.
2. The client may provide written instructions by facsimile or secure email until the designated deadline of 12:30 PM Monday through Friday.
3. The client agrees that the Bank is responsible only for the use of ordinary care in the receipt and action upon written instructions for the transfer of funds. The Bank specifically shall not be responsible for errors or delays caused by the action of Public Utilities or other institutions whose facilities are used for the transfer of funds.
4. The client may give instructions by facsimile or by secure email in connection with funds transfers and the Bank is to act upon them provided it has used reasonable care in identifying the name or the party giving such instructions by phone, facsimile or email to ascertain that the named party has been authorized by the client to give such instructions.
5. The client agrees to indemnify and hold harmless and defend the Bank from and against any and all actions, claims, demands, liability, loss, damage or expense of any nature including interest, costs and attorney's fees that may arise out of or occur in connection with any transfer pursuant to this authorization, other than resulting from the gross negligence or willful misconduct of the Bank or it's employees or agents.
6. The Bank shall charge the rate specified on its service charge schedule for wire transfers.
7. The individuals who are authorized to give instructions and verify fund transfer instructions when contacted by the Bank on behalf of the client, which authorization shall continue until Bank receives notice to the contrary in writing are as follows:

EUGENE STRAUB	✓	
Name		Signature
		CADL#B5606295 X
		ID (i.e., Driver's License) & Expiration Date
GABRIEL LOEB	✓	
Name		Signature
		CADL#B8751863 X
		ID (i.e., Driver's License) & Expiration Date
Name		Signature
		ID (i.e., Driver's License) & Expiration Date
Name		Signature
		ID (i.e., Driver's License) & Expiration Date

This Agreement will remain in effect until canceled in writing or upon closure of account.

Account Name: LARCHMONT CHARTER SCHOOL

Account Number(s): 1000793388

This agreement must be signed by all authorized signers on the above-referenced accounts. Please use additional copies of this form if authorized signers exceed four. For corporate accounts, the Secretary of the Corporation must sign with an authorized signer. Agreement Signed By:

✓	✓
(Accountholder/Authorized Signer)	(Accountholder/Authorized Signer)
Print Name: <u>EUGENE STRAUB</u>	Print Name: <u>GABRIEL LOEB</u>
(Accountholder/Authorized Signer)	(Accountholder/Authorized Signer)
Print Name: _____	Print Name: _____
Date: _____	

Approved by: _____
(Bank Officer's Signature)

Date: _____

This agreement is hereby revoked. _____

Date: _____



PACIFIC WESTERN BANK

VIPbanker™

CHANGE TO EXISTING SERVICE

Customer Name: LARCHMONT CHARTER SCHOOL

Social Security Number or Tax Identification Number: 57-1206928

Port Number: 601997

ACCOUNT AUTHORIZATION

Action: A = Add, C = Change, D = Delete
Account Type: DD = Demand Deposit/Money Market, CD = COD, SV = Savings, LN = Loan
Account Number: The 10 to 15-digit Pacific Western Bank account number.

Action	Acct Type	Account Number	Remote Deposit Daily Limit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FUNDS TRANSFER AUTHORIZATION

Add this account(s) for non-repetitive (free-form) account transfers? Yes No
 Add this account(s) for non-repetitive (free-form) wire transfers? Yes No
 Add this account(s) for electronic tax payments? Yes No
 (Note that a Tax Payment Addendum Form must be completed)

CLIENT ADMINISTRATOR CHANGE

Action: A = Add Administrator, C = Change Administrator, D = Delete Administrator

Action	Employee Name	Social Security #
_____	_____	_____
	Email Address: _____ Cell Phone: _____	Direct Phone: _____
_____	_____	_____
	Email Address: _____ Cell Phone: _____	Direct Phone: _____

SERVICE CHARGE PLAN CHANGE

Switch existing plan to plan checked:

- Basic Business Plan Basic Corporate Plan Wire Module
 ACH Module Remote Deposit Module Positive Pay

AUTHORIZATION AND APPROVAL

Authorized By: _____ Date: _____ Approved By: _____ Date: _____

Authorized Customer Signature
EUGENE STRAUB
Print Name and Title

PWB Authorized Signature

Print Name and Title

BRANCH USE

Prepared By: _____
Branch Number: _____
Date Sent: _____

ELECTRONIC BANKING USE

Received By: _____
Input By: _____
Date Completed: _____