



1805 Craigshire Road | St. Louis, MO 63146 | 314.434.6470 Phone or Text | 314.628.2582 FAX | www.electrosavings.com

## WIRE TRANSFER AGREEMENT

I/We \_\_\_\_\_ resolve that Electro Savings Credit Union is authorized to execute wire transfers upon verbal or written request when provided with proper identification on behalf of my account.

This agreement shall remain in effect until written revocation thereof is received by Electro Savings Credit Union.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Acct #: \_\_\_\_\_

Password for Frequent Phone Wire Request \_\_\_\_\_

Signature of Member: \_\_\_\_\_

Signature of Joint Member: \_\_\_\_\_

*State of* \_\_\_\_\_

*County of* \_\_\_\_\_

*Subscribed and Sworn before me this* \_\_\_\_ *day of* \_\_\_\_\_, 20\_\_

*Notary Public:* \_\_\_\_\_

*My Commission Expires:* \_\_\_\_\_