



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

MEMBER FULL NAME			
ELECTRO SAVINGS ACCT #	AMOUNT TO WIRE		
	\$		
WIRE RECIPIENT			
NAME		PHONE	
WIRE RECIPIENT ADDRESS			
STREET		CITY	STATE ZIP

I am requesting the attached wire to go to the requested party for the requested amount.

I am also aware that by agreeing to send these funds to the information I provided will be completed by Electro Savings Credit Union per my instructions. Electro Savings Credit Union will complete this wire request per my instructions but will not be held liable for the transaction for any event.

SIGNATURE	DATE
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Notary Information:

State of _____

County of _____

Subscribed and Sworn before me this ____ day of _____, 20 ____

Notary Public _____

My Commission Expires _____