



1805 Craigshire Drive | St. Louis, Missouri 63146 | 314.434. 6470 | 314.434.3558 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 #: _____

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: _____