



# Financial Institution Transfer Request

Date:

Request for:  Balance of Account  
 Transfer of Funds

Institution: \_\_\_\_\_

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

Amount Requested: \$ \_\_\_\_\_ OR Balance in Full:  \$ \_\_\_\_\_

Account # \_\_\_\_\_

Please  close  
 debit

my/our account with you and send funds to:

### Education Credit Union

Education Centre  
6-51 Ardelt Avenue  
Kitchener ON N2C 2S9  
Tel. 519.742.3500  
Fax. 519.742.6072

Cambridge Place  
117-73 Water Street North  
Cambridge ON N1R 7L6  
Tel. 519.623.2211  
Fax. 519.623.2051

TechTown  
103-340 Hagey Boulevard  
Waterloo ON N2L 6R6  
Tel. 519.772.3050  
Fax. 519.772.1063

### For deposit to:

Member #	Branch	Type	Sub	Amount

\_\_\_\_\_  
Member's Name(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Member's Name(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Credit Union Representative

\_\_\_\_\_  
Signature