



Corporate Headquarters
225 Chestnut Street
Rochester, NY 14604

Business Online Banking Request/Modification Agreement

Primary Business Name: _____ Date: _____

Primary Business Member Number: _____ Primary Business Tax ID: _____

Request Type (select one): New Request Modification to Existing Request

The following business(es) will be linked to the Primary Business (there must be common ownership for all linked businesses):

1. Business Name: _____ Business Tax ID: _____
2. Business Name: _____ Business Tax ID: _____
3. Business Name: _____ Business Tax ID: _____

Business Member Agreement

I (we), on behalf of and with authority from the member listed above, apply for the above services at ESL Federal Credit Union ('ESL') and agree to be bound by the rules applying to the services and the by-laws of ESL, both as amended from time to time.

The Company Administrator(s) will have full functionality, as approved by ESL, within Business Online Banking which includes the ability to create and/or delete users. If you choose to have multiple Company Administrators, they will have the ability to edit and/or delete each other's access. The Company Administrator(s) hereby accept full responsibility and liability for the acts of any user.

I, _____, certify that I am the _____, of the above-named business member and that I have full power and lawful authority to request the foregoing services on behalf of the member. Additionally, I designate the following individual(s) as Company Administrator(s) on behalf of the business member:

Name of Company Administrator #1 Email (required for Secure Access Code delivery) Phone Number

Name of Company Administrator #2 (optional) Email (required for Secure Access Code delivery) Phone Number

OPTIONAL - Request Access/ Remove Access for Personal ESL Accounts within Business Online Banking

Complete the information below to request the ability for the Business Owner(s) to view and transact on personal ESL accounts within ESL Business Online Banking. As the Business Owner, you must also be owner/joint owner for any personal accounts you request to have access to within Business Online Banking. Please note that any administrator associated with this Business Online Banking agreement will also have the ability to view and transact on any personal accounts listed. Transferring funds between business and personal accounts could have tax implications. Please consult your tax advisor.

I am requesting to link my personal ESL accounts. My personal member number is: _____

Select one:

Personal ESL Account Numbers: _____

OPTIONAL – Notes:

Authorized Signature (Business Owner)

Authorized Signor/Requestor Name (please print)

Please return to: ESL Federal Credit Union, Business Banking Department, P.O. Box 92827, Rochester, NY 14692

ESL Representative: _____

Branch/Department: _____