



Corporate Headquarters
225 Chestnut Street
Rochester, NY 14604

Business Internet Banking Services Request Agreement

Business Member Name: _____ Date: _____

Business Member Number: _____ Business Email: _____

Services Requested (select any or all of the choices below):

- Business Internet Banking ESL Bill Pay ACH Origination*
 Remote Deposit Capture* Wire Transfers*

*Requesting these services does not guarantee approval for these services—a separate agreement and/or application is required.

For Sole Proprietorship/DBA Only:

Complete the section below to request the ability to view and transact on personal ESL share accounts within Business Internet Banking. Eligible accounts include ESL share accounts of which you are the owner or joint owner.

Personal ESL Share Account Number	Account Type (Savings, Checking, Money Maker, Certificate, IRA)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

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 will have full functionality, as approved by ESL, within Business Internet Banking which includes the ability to create sub-users. The Company Administrator hereby accepts full responsibility and liability for the acts of any sub-users.

Select one option below:

- I, _____ agree to be the Company Administrator and 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 business member; **OR**
 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 business member. Additionally, I designate _____ as the Company Administrator on behalf of the business member.

Tax ID #

Requestor Signature

Date

Identification/Description/Expiration Date

Tax ID #

Company Administrator Signature
(if different from Requestor)

Date

Identification/Description/Expiration Date

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