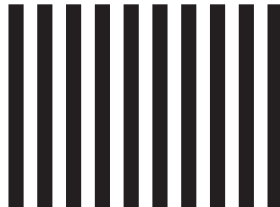


Fold this panel first, then fold left panel over.  
Seal outside edge with two pieces of tape before mailing.



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 559 ROCHESTER NY

POSTAGE WILL BE PAID BY ADDRESSEE

ESL FEDERAL CREDIT UNION  
ATTN: CONTACT CENTER  
PO BOX 92714  
ROCHESTER NY 14692-9837



PERSONAL > BUSINESS > WEALTH MANAGEMENT

### ESL PRODUCTS & SERVICES

Checking	Visa® Prepaid Cards
Money Maker	Visa® Secured Credit Cards
Savings	Visa® Check Cards
Certificates	Online Banking
IRAs	Online Bill Pay
Health Savings Accounts	In-Person Bill Pay
Mortgages	Telephone Banking
Home Equity Loans and Lines of Credit	ESL Chat Banking
Vehicle and Personal Loans	ATM Network
Short-Term Loans	Mobile Banking
Visa® Credit Cards	Mobile Deposit

Ask about our full line of Business Banking and  
Wealth Management products and services.

### CONNECT WITH US:

#### Corporate Headquarters

225 Chestnut Street > Rochester, NY 14604  
(Check [esl.org](http://esl.org) for branch locations/hours)

#### Contact Center (Rochester, NY)

585.336.1000 > 800.848.2265

#### TDD Services

585.336.1399 > 800.243.6722

#### Internet

[esl.org](http://esl.org) > ESL Chat Banking



answers to you

Membership subject to eligibility. ESL and TEL-ESL are  
registered service marks of ESL Federal Credit Union.  
Federally insured by the NCUA.

30-1090 (08/16)



answers to you

MEMBER APPLICATION

**OFFICE USE ONLY**ChexSystem Verified 

Member #: \_\_\_\_\_ Dept.: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 ID Used: \_\_\_\_\_  
 GEM/Other Code: \_\_\_\_\_

Membership Daily Dividend #: \_\_\_\_\_  
 Membership Officer: \_\_\_\_\_  
 ID#1, Issue and Expiration: \_\_\_\_\_  
 ID#2, Issue and Expiration: \_\_\_\_\_

**MEMBER INFORMATION**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Work: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Mother's Maiden Name: \_\_\_\_\_

*A Membership Daily Dividend Account will be opened for you to establish membership.*

**ADDITIONAL ACCOUNTS YOU ARE INTERESTED IN OPENING**

- Premier Checking (Dividend bearing) -OR-  Free Checking -OR-  Simple Spending Account. Please call me about options.
- Savings Account
- Money Maker Account\*\*
- I'd like checks for my Money Maker Account. Cost for checks will be charged to my account.
- Certificate\*\*

Term: \_\_\_\_\_

**MEMBERSHIP ELIGIBILITY****I am eligible for membership with ESL because:***(Check only one)*

- I am an immediate family\*/household member of a current ESL member.
- I or an immediate family\*/household member live, work, worship or attend school within the geographic boundaries of the City of Rochester, New York.
- I am, or an immediate family\*/household member is, an employee/retiree of an eligible company, or member/volunteer of an eligible organization.

**SERVICES YOU WOULD LIKE**

- I'd like an ESL Visa@ Check Card.
- I am interested in direct deposit. Please contact me.

*By signing below, you will automatically receive 24-hour access to your accounts through ESL Online Banking at eslong and through TEL-ESL, our automated telephone service. You will be provided with information as to how to access these services.*

\* Immediate family member is a spouse, child, parent, grandparent, grandchild, brother or sister. For a list of eligible companies and organizations, or other eligibility questions, please call 585.336.1000 or 800.848.2265, or visit us at eslong.

\*\* Minimum deposit required

By signing this membership enrollment form, you certify, under penalty of perjury, that you are eligible for membership in ESL Federal Credit Union (ESL), and you agree to abide by the membership rules and by-laws of ESL, both as amended from time to time. You apply for the above account(s) and service(s) at ESL and agree to be bound by the rules applying to the account(s) and service(s). A copy of the rules has been furnished to you. It is a violation of federal law to join this credit union if you are not eligible for membership. ESL will request information to verify your identity when required in accordance with the USA PATRIOT ACT of 2001. This application may be subject to periodic audit.

**MEMBERSHIP CERTIFICATION AND ELIGIBILITY****Eligibility**

It's easy to join ESL. Check your eligibility from the categories on this form. If you qualify and maintain an active share account with a balance of at least \$1.00, you're an ESL member and welcome to take advantage of all the programs, products and services that ESL offers. Your immediate family may also join. Once a member, you're always a member, as long as your accounts are active and in good standing.

Find a list of eligible companies on our website at eslong, or call us at 585.336.1000 or 800.848.2265. Of course, if you stop by any of our convenient branches, you'll get equally great service. Because ESL always answers to you.

**Income tax withholding certification**

Under the penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number.
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. citizen (including a U.S. resident alien).
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FACTA reporting is correct. Exemptions (if any):

Exempt payee code: \_\_\_\_\_ Exempt from FATCA reporting code: \_\_\_\_\_

**Certification instructions**

You must cross out item (2) above if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

**The account(s) will be opened in the name of the member who has signed this form.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Detach here***BECOME AN ESL MEMBER**

Experience the best banking relationship.

**To open your new account:**

- Complete and sign the attached Membership Enrollment Form.
- Indicate the account types you wish to open and the service(s) you would like.
- Provide a check for at least \$1.00 (or the specified minimum amount required to open the account(s)) made payable to ESL Federal Credit Union.
- Provide or enclose a photocopy of 2 valid and current forms of ID. One must be a primary form of ID.

**Primary form of ID**

- Driver's license
- Work picture pass
- Passport
- Pistol permit
- Student picture ID
- Social Services picture ID
- NYS non-driver ID
- Government-issued picture ID

**Secondary form of ID**

- Non-picture work ID
  - Health insurance carrier's ID
  - Credit card
  - Utility bill
  - Social Security card
- Bring the Membership Enrollment Form to any ESL branch or mail to:  
 ESL Federal Credit Union  
 Attn: Contact Center  
 P.O. Box 92714  
 Rochester, NY 14692-8814